

# RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



Onsite Wastewater Treatment Systems Program  
Office of Water Resources  
235 Promenade Street, Providence, RI 02908-5767  
Tel. (401) 222-3961; Email: [DEM.OWTS@dem.ri.gov](mailto:DEM.OWTS@dem.ri.gov)  
[www.dem.ri.gov/septic](http://www.dem.ri.gov/septic)



## APPLICATION FOR NEW LICENSE CLASS I, II Designer and IV Soil Evaluator *This form is valid for license year beginning January 1, 2023.*

### FOR DEM USE ONLY

Date Received \_\_\_\_\_ Check No. \_\_\_\_\_ Amt. Received \_\_\_\_\_ Code 17B

#### INSTRUCTIONS

1. Read all instructions and questions carefully before completing this application.
2. Do not write in the boxes labeled "For DEM Use Only".
3. All information must be printed in ink or type written.
4. Fill out all sections completely, including your signature.
5. Include the non-refundable application fee established using the table below. Fees should be paid by check or money order made payable to: **GENERAL TREASURER, STATE OF RHODE ISLAND.**
6. **Send application and fee to:**  
**Department of Environmental Management, Permit Application Center (PAC), 235 Promenade Street, Providence, RI 02908-5767.**

Within 30 days of receipt of an application, the applicant shall be notified of their eligibility status. If the applicant is deemed ineligible, the Department shall provide the applicant with reasons for the determination. The applicant may appeal the Director's decision of ineligibility with the Administrative Adjudication Division.

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INFORMATION PROVIDED IN THE SPACE BELOW WILL **NOT** APPEAR IN THE LIST OF LICENSEES ON THE DEM WEBSITE, **UNLESS** THERE IS NO INFORMATION PROVIDED IN THE "BUSINESS" TO THE RIGHT IF THIS SECTION.

Residential Mailing Address Line 1  
\_\_\_\_\_

Residential Mailing Address Line 2  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

INFORMATION PROVIDED IN THE SPACE BELOW (EXCEPT FOR THE "Business Email Address") **WILL** APPEAR IN THE LIST OF LICENSEES ON THE DEM WEBSITE.

Business Mailing Address (Company)  
\_\_\_\_\_

Business Mailing Address Line 1  
\_\_\_\_\_

Business Mailing Address Line 2  
\_\_\_\_\_

Business City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone (with extension if applicable)  
(\_\_\_\_\_) \_\_\_\_\_

Business Email Address \_\_\_\_\_

### LICENSE APPLICATION FEE

License	Number of Years for Which the New License will be Valid	License Application Fee
Class I	1 Years (2023)	\$50
Class II	3 Years (2023, 2024)	\$100
Class IV*	3 Years (2023, 2024, 2025)	\$150*

\*If you are applying for a Class IV license and hold either a CI-I, or II License, find the license Application Fee associated with that license in the table above and pay the indicated fee. The new CI-IV license, when issued, will expire at the same time as the other license.

**This form expires November 1, 2023, see RIDEM website ([www.dem.ri.gov](http://www.dem.ri.gov)) for most recent form.**

**LICENSE**

Indicate license for which you are applying Class I  Class II  Class IV

License(s) currently held: (Check appropriate title(s))

<input type="checkbox"/> RIDEM OWTS Installer	License #	<input type="text"/>
<input type="checkbox"/> RI PLS Registration # <input type="text"/>	<input type="checkbox"/> RIDEM Class I Designer	License # <input type="text"/>
<input type="checkbox"/> RI PE Registration # <input type="text"/>	<input type="checkbox"/> RIDEM Class II Designer	License # <input type="text"/>
	<input type="checkbox"/> RIDEM Class IV Soil Evaluator	License # <input type="text"/>

Are any of the licenses checked above currently expired, suspended, or revoked? Yes  No

Have you ever possessed a professional license, which is a minimum requirement to obtain a RIDEM designer's or soil evaluator's license, which was revoked, suspended or which has expired? Yes  No

If yes, what type of license

If yes, please give date of revocation, suspension or expiration

**AFFIDAVIT**

**A. Certification of Required Professional Credential(s) and truthfulness of information on this application**

All statements made on this application and in support thereof are true and complete to the best of my knowledge and belief and this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

**B. Certification of Fulfillment of Rhode Island Tax Obligations**

Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any persons renewing a motor vehicle operator's license or motor vehicle registration with Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator..

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

I, the undersigned, certify that sections A. and B. checked (☑) above in this box are true.

Printed Name of Applicant

Signature of Applicant \_\_\_\_\_ Date

Subscribed and sworn to before me this  day of , 20

Signature of Notary \_\_\_\_\_ My Commission expires , 20  (SEAL)

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**License Application Status**

- Approved
- Denied

**LICENSE NUMBER:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_