

For office use only

Application Date _____ Amount _____ Ck.No. _____ NOTE _____



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

www.dem.ri.gov/septic



**APPLICATION for
EXAMINATION AND LICENSE TO INSTALL,
CONSTRUCT,
ALTER or REPAIR
ONSITE WASTEWATER TREATMENT SYSTEMS
-- September 2024 --**

Licenses are non-transferable.
Attach an unmounted
recognizable photograph in
this space with face not more
than 1 inch or less than 3/4
inches wide. Photo taken not
more than six months prior to
filling application is required.

INSTRUCTIONS: Please type or print in ink. Answer all questions and provide photograph above.

1. GENERAL INFORMATION: Social Security No. _____ Date of birth: _____

NAME and RESIDENTIAL ADDRESS

Last Name _____ First Name _____ MI _____

Mailing Address _____

City/Town _____ State _____ Zip _____

Telephone _____

Email: _____

BUSINESS ADDRESS (The address and phone number in this space will be posted to the RIDEM website with your name and Installer License number if you pass the examination.)

Company Name _____

Mailing Address _____

City/Town _____ State _____ Zip _____

Telephone: _____

Email: _____

Approximately how many hours per week will you devote to installing sewage disposal systems? _____

2. REFERENCES AS TO QUALIFICATIONS

Applicant shall list the names and addresses of three persons, unrelated to him/her, having knowledge of the applicant's technical background and relevant qualifications:

NAME	ADDRESS
1) _____	_____
2) _____	_____
3) _____	_____

3. EDUCATION

Name and location of Schools Attended	Years	From/To	Date Graduated	Course Degree/Certification
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. (a) Do you have the ability to use an engineer's level or transit? Yes _____ No _____

(b) Do you possess an engineer's level or transit? Yes _____ No _____

If Yes, please indicate: _____
Manufacturer _____ Model No. _____

5. Have you ever possessed an installer's license which was revoked, suspended or has expired?

Yes _____ No _____

If Yes, please give date of revocation, suspension or expiration _____.

6. APPLICATION FEE

Application fee is \$175.00.

Send check or money order payable to GENERAL TREASURER, STATE OF RHODE ISLAND
(DO NOT SEND CASH) and completed application to: Rhode Island Department of Environmental
Management

Office of Water Resources
235 Promenade Street
Providence, RI 02908-5767

Upon passing the examination, a license will be issued effective January 1, 2024 and will expire on December 31, 2026.

7. PRE-EXAMINATION PREPARATION

An optional two-day information and examination preparation course is offered by the New England Onsite Wastewater Training Program at URI (NEOWTP). "Conventional Onsite Wastewater Treatment Basics for Installers" (OWT 100) is scheduled for September 5th, and 6th 2024. The course description, registration fee and the registration form are available online at: <https://web.uri.edu/owt/neowt-course-schedule/>.

8. EXAMINATION DATE

September 11th from 9:00 AM until Noon. **Application deadline is September 6th, 2024**

Department of Environmental Management
235 Promenade Street, Room 300
Providence, RI 02908-5767

AFFIDAVIT

A. Certification of Fulfillment of Rhode Island Tax Obligations

You are required to furnish your Social Security # or FEIN pursuant to Chapter 76 of Title 5 and Chapter 3 of Title 31 of the RI General Laws, as amended. Any person applying for any license or permit to conduct a business or occupation within Rhode Island or any person renewing a motor vehicle operator's license or motor vehicle registration within 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. Failure to provide the Department with your Social Security # or FEIN will result in you having to obtain a Letter of Good Standing from the RI Division of Taxation One Capitol Hill Providence, RI 02908 (401) 574-8941, Collections Division PRIOR to the issuance or renewal of your license.

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.

If necessary, please submit Letter of Good Standing or Installment Agreement along with this completed license application form.

B. The Applicant, by this application agrees to perform all construction in accordance with the provisions of RULES ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF ONSITE WASTEWATER TREATMENT SYSTEMS, as amended, and RIGL 5-56, whichever is more stringent and to cease construction and notify the Department should the site information on the approved plan be incorrect.

C. Certification of 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.

I, the undersigned, certify that sections A, B and C 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 _____,
(SEAL)