

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 NEW LICENSE CLASS I, II Designer and IV Soil Evaluator *This form is valid for license year beginning January 1, 2022.*

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	2 Years (2022, 2023)	\$100
Class II	3 Years (2022, 2023, 2024)	\$150
Effective 7/15/19, with the amendment of Title 5 Businesses and Professions, Chapter 5-56.1, there is no longer a CI-III license and RI-registered Professional Engineers may design septic systems in RI.		
Class IV*	1 Year (2022)	\$50*

*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, 2022, see RIDEM website (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))

- RIDEM OWTS Installer License # _____
- RI PLS Registration # _____ RIDEM Class I Designer License # _____
- RI PE Registration # _____ RIDEM Class II Designer License # _____
- RIDEM Class IV Soil Evaluator License # _____

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)

FOR DEM USE ONLY

License Application Status

- Approved
- Denied

LICENSE NUMBER: _____

Comments: _____

Signature of Authorized Agent: _____ Date: _____