

**CHANGE OF OWNERSHIP FOR ALTERNATIVE/EXPERIMENTAL TECHNOLOGY**



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)



**INNOVATIVE OR ALTERNATIVE TECHNOLOGY:**

Alternative System or Technology     System Component     Experimental System

**INNOVATIVE OR ALTERNATIVE TECHNOLOGY or COMPONENT – CLASS**

Class One                                     Class Two

**NEW COMPANY NAME:** \_\_\_\_\_

**MAILING ADDRESS (STREET)** \_\_\_\_\_

**(CITY/TOWN, STATE)** \_\_\_\_\_

**TECHNOLOGY NAME:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**If applicant is not the manufacturer, indicate authority to distribute technology:**

- The applicant has sole authority to distribute or authorize distribution of the subject technology in Rhode Island.
- The applicant does not have sole authority to distribute or authorize distribution of the subject technology in Rhode Island and has enclosed herewith a letter from the manufacturer authorizing the applicant to seek AE technology approval.

I CERTIFY THAT THE INFORMATION ABOVE AND ATTACHED HERETO WAS PREPARED IN ACCORDANCE WITH THE PROCEDURES PRESCRIBED IN RIDEM "250-RICR-150-10-6 RULES ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF ONSITE WASTEWATER TREATMENT SYSTEMS", AND THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

\*THIS APPLICATION IS TO BE USED TO TRANSFER OWNERSHIP TO A NEW OWNER OF A TECHNOLOGY OR COMPONENT ONLY. IT IS NOT TO BE USED TO APPLY FOR A PERMIT TO INSTALL THE TECHNOLOGY OR COMPONENT AT A SITE.

# APPLICATION CHECKLIST

## THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR SUBMISSION:

One hard copy and one digital copy of above application and all required attachments;

Proof of new ownership;

Copy of current RIDEM A/E technology certification and associated design and installation manuals;

Letter from new owner to RIDEM agreeing to comply with current RIDEM A/E Technology Certification;

---

**Note: Carefully review submittal requirements.**

**INCOMPLETE APPLICATIONS: APPLICANTS WILL BE INFORMED OF DEFICIENCY AND THE APPLICATION WILL NOT BE REVIEWED UNTIL ALL REQUIRED SUPPLEMENTAL MATERIAL HAS BEEN SUBMITTED.**

Complete all data and forward the complete package to:

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER RESOURCES  
OWTS PROGRAM  
235 PROMENADE STREET  
PROVIDENCE, RI 02908-5767

And

[DEM.OWTS@dem.ri.gov](mailto:DEM.OWTS@dem.ri.gov)

Questions pertaining to the application process should be directed to the OWTS program at (401) 222-3961 or [DEM.OWTS@dem.ri.gov](mailto:DEM.OWTS@dem.ri.gov).