



**Rhode Island Department of Business Regulation
Division of Building, Design & Fire Professionals
STATE BUILDING OFFICE**

AGENT OF SERVICE FORM

Please type or print legibly. Incomplete or unreadable applications will be returned. Please allow 7-10 business days for processing

REGISTRANT/LICENSEE INFORMATION		
Name:		Driver's License #:
Residential Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Phone Number:	Cell Phone:	Email:
BUSINESS INFORMATION		
Entity Name:		Phone Number:
Mailing Address (if different):		
City:	State:	Zip Code:
Type of Entity:	Individual Sole Proprietor Partnership Corporation LLC	
This entity is currently and properly registered with the Rhode Island Secretary of State: Not applicable Yes No		
Is this applicant the Responsible Person for this Entity: Yes No		
AGENT OF SERVICE (Non-resident applicants only)		
<p>No registration shall be issued to a non-resident applicant until he or she has filed with the Board a power of attorney constituting and appointing a registered agent (an attorney whose office is located within the boundaries of the State of R.I. or a registered agent listed with the R.I. Secretary of State) upon whom all processes in any action or legal proceeding against him or her may be served, and in the power of attorney agrees that any lawful process against him or her which may have been served upon his or her registered agent is of the same force and effect as if served on the non-resident applicant, and that the force continues irrevocably until such time as the Board has been duly notified in writing of any change.</p>		
Agent of Service Name: _____		Telephone Number: _____
Address: _____		

ACKNOWLEDGEMENTS

(Each box must be checked)

I swear, under the pains and penalties of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies, and/or failure to make full disclosures may be deemed sufficient reason to deny or revoke registration/licensure by the Rhode Island Department of Business Regulation:

That I understand and agree to comply with all laws, rules, regulations, and industry standards to the best of my ability; and

That I shall participate and make good faith efforts to resolve all complaints, violations, and/or contested cases within the jurisdiction of the Board. Failure to do so shall result in the Board taking action against me to the extent allowable by law, including suspension or revocation of my license, without which a contractor cannot perform work in the state of RI.

Signature

Date

Print

SUBMISSION

Submit this request to:

RI Contractors' Registration and Licensing Board
560 Jefferson Boulevard
Warwick, RI 02886

Or via Email at RICRB@doa.ri.gov Or via Fax (401) 889-5533

OFFICE USE ONLY

Date Received:

Application Complete?

Yes No