



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

**REGISTRATION/LICENSE UPDATE OF INFORMATION FORM**

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

CURRENT REGISTRATION/LICENSEE INFORMATION			
Registration/License Number:		Fee: None	
Name:		Driver's License #:	
Date of Birth:	Legal Resident?      Yes      No		
Residential Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	
NEW REGISTRATION/LICENSEE INFORMATION			
Registration/License Number:		Fee: None	
Name:		Driver's License #:	
Date of Birth:	Legal Resident?      Yes      No		
Residential Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	
CURRENT 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			
Name of Responsible Person?		Registration/License #	

**Provide Information for Partnership / Corporate Officers**

Name	Address	Date of Birth	Driver's License Number

**TYPE OF WORK PERFORMED (check all that apply)**

New Construction      Remodeling      Sub Contractor      Residential      Commercial

**NEW 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					
Name of Responsible Person:	Registration/License #				

**Provide Information for Partnership / Corporate Officers**

Name	Address	Date of Birth	Driver's License Number

**TYPE OF WORK PERFORMED (check all that apply)**

New Construction      Remodeling      Sub Contractor      Residential      Commercial

**LIABILITY INSURANCE (complete only if changed)**

Policy Holder:	Policy Number:
Insurance Agency Name:	Insurance Agency Telephone:
Agency Address:	
Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy.      Yes      No	

**WORKER'S COMPENSATION INSURANCE (complete only if changed)**

Do you, or does the entity, have or plan to have one (1) or more employees? Yes No FEID #

If yes, then pursuant to R.I. Gen. Law § 28-29-1, *et seq.*, you are required to provide Workers Compensation Insurance that is recorded with the R.I. Department of Labor and Training and shall remain in effect for as long as one (1) or more persons are employed.

Policy Holder:	Policy Number:
Insurance Agency Name:	Insurance Agency Telephone:

Agency Address:

Included with this application is a Certificate of Insurance which indicates that the R.I. Contractors' Registration and Licensing Board shall be notified by the insurance carrier upon cancellation of the insurance policy. Yes No

**AGENT OF SERVICE (Non-resident applicants only)**

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.

Agent of Service Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**SUBMISSION**

Submit this application, with any supporting documents to:

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

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