

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

SURRENDER OR REPLACEMENT OF REGISTRATION/LICENSE FORM

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

REGISTRATION/LICENSEE INFORMATION

Type of Registration/License			Numb	er:			
Name:			Drive	Driver's License #:			
Date of Birth:	Legal Resident?	egal Resident? Yes No					
Residential Address:							
City: State:			Zip C	Zip Code:			
Mailing Address (if different):							
City:	State:		Zip C	Zip Code:			
Phone Number:	Cell Phone	Cell Phone:		Email:			
VOLUNTARY SURRENDER OF REGISTRATION/LICENSE Must Remit Card With Application							
I wish to permanently surrender my Registration/License, effective							
I wish to temporarily surre	se Start Date		End l	Date			
I understand that during the period of surrender, I cannot work as a contractor.							
REPLACEMENT OF REGISTRATION/LICENSE CARD							
I hereby state that my Registration/License card has been lost and I am requesting a duplicate certificate.							
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 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.							
Signa		Date					
Pri							

SUBMISSION

Submit this application

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