



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

**COMMERCIAL ROOFING CONTRACTOR NEW LICENSE APPLICATION**

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

APPLICANT INFORMATION			
Type of License Requested: <input type="checkbox"/> New <input type="checkbox"/> Grandfathered		Fee:    Four Hundred (\$400) Dollars	
Name:		Driver's License #:	
Date of Birth:	Rhode Island Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	
Have you ever, or do you currently, hold any other professional licenses or registrations in this or any other state?    Yes      No			
Is yes, provide license type, state(s) and number(s)			
Have you ever been denied, or had any professional licenses or registrations suspended or revoked?      Yes      No			
If yes, please explain:			
BUSINESS INFORMATION			
Entity Name:		Phone Number:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Type of Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
This entity is currently and properly registered with the Rhode Island Secretary of State:    Not applicable      Yes      No			
Who is the Responsible Person for this Entity		License #	
Provide Information for Partnership / Corporate Officers			
Name	Address	Date of Birth	Driver's License Number
_____			
_____			
_____			

**LIABILITY INSURANCE**

R.I. Gen. Law § 5-73-3 requires that every commercial roofing contractor shall provide the Board with an insurance certificate in the amount of one million five hundred thousand dollars (\$1,500,000) per occurrence, with the Board as the holder. These policies must be maintained from the date a license is issued until the license expires.

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

Do you, or does the entity, have or plan to have one (1) or more employees? Yes      No	FEID #
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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:
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Insurance Agency Name:	Insurance Agency Telephone:
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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 license 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: \_\_\_\_\_

**TAX PAYER STATUS**

Pursuant to R.I. Gen. Laws, § 5-79-1, *et seq.*, any person applying for or renewing any license, permit, or other authority to conduct business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator?

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Not applicable      Yes      No

**OSHA 10 HOUR COMPLIANCE (Business Applicants Only)**

I agree to comply with the requirement that all field personnel of the roofing contractor must have a current certificate of completion of the ten-hours (10) OSHA safety course or equivalent thereof as determined by the contractors' registration and licensing board

**EXAMINATION**

- Has passed an examination approved or administered by the Board. The examination may have been passed before January 1, 2020.

Documentation provided which shows successful completion of examination?

Yes      No

**OR  
GRANDFATHER CLAUSE**

An applicant registered as a commercial roofing contractor by the Board as of July 1, 2015, and who has remained in good standing, may obtain a commercial roofing contractor license without examination and upon submission of a completed application.

Registered as a commercial roofing contractor since before July 1, 2015?

Yes      No

Date of registration

**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 commercial roofing contractor cannot perform work in the state of RI.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

**SUBMISSION**

Submit this application, with all supporting documents and fee to:

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

Make Checks Payable to RI CRLB

**OFFICE USE ONLY**

Date Received:		
Application Complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation of Successful Completion of Examination	Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation of Liability Insurance (\$1,500,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation of Worker's Compensation Insurance	Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation of Agent of Service	Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application Approved?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	License Number Issued:	
Type of License Granted:                      New <input type="checkbox"/> Grandfathered <input type="checkbox"/>		
Fee Submitted:                      Yes <input type="checkbox"/> No <input type="checkbox"/>		