



Mechanical Trade License Application
Pipefitter, Refrigeration, Sheetmetal, and Fire Protection Sprinkler Fitter
INSTRUCTIONS -- PLEASE READ CAREFULLY

Applications that are incomplete or missing required documents will not be processed and will be returned to the applicant.

1. One 2"x 2" photo (passport type) or a legible copy of your driver's license or government ID.
2. A completed application, signed and NOTARIZED. (see last two (2) pages of this packet)
3. A Non-Refundable Application Processing Fee of \$75 in the form of a check or money order made payable to the R.I. Department of Labor & Training. (credit cards accepted – in person only)
4. A separate, NOTARIZED statement, on COMPANY LETTERHEAD, signed by your present or past employer, that should include a detailed list describing all work-related experience.
5. A valid copy of your out-of-state Mechanical Trade License and an Official License Verification from your respective state for all applicants applying for a comparable Mechanical License exam in RI.
6. A valid copy of your Massachusetts Plumbers and/or Gasfitters License for any Massachusetts Pipefitters License holder applying for a comparable R.I. Pipefitters License exam.
7. A Certificate of Completion of Apprenticeship issued by the R.I. Department of Labor & Training Apprenticeship Office for all Indentured Apprentices applying for a Pipefitter, Refrigeration, Sheet Metal, or Fire Protection Sprinklerfitter Journeyman exams. Certify an Apprentice Completion form can be obtained at: <https://dlt.ri.gov/documents/pdf/apprenticeship/Complete.pdf>

RECOMMENDED STUDY MATERIAL FOR THE EXAMS ARE LISTED BELOW BUT ARE NOT LIMITED TO:

- a. International Mechanical Code Book, Year 2003-Latest State approved Edition.
Available at 1 Capitol Hill, Providence, RI Phone: (401) 222-3032
- b. Refrigeration & Air Conditioning Technology, 4th Ed. (ISBN#0-7668-0667-7 Delmar Book)
- c. PUBLICATIONS AND ADDRESSES:
SMACNA – 4201 Lafayette Center Dr., Chantilly, VA 02151

HVAC Duct Construction Standards, Metal & Flexible, 2nd Ed.
Author: Sheet Metal & A/C Contractors National
Association Inc. Publisher: SMACNA ISBN: 1481

OSHA – 4025 WEST PETERSON AVENUE, CHICAGO, IL 60646

Welding Principals and Applications – 3 Columbus Circle, Box 15-015 Albany, NY 12212

State Building Codes – 1 Capitol Hill, Providence RI 02908
- d. General Trade Knowledge

View your application status online at <https://dltweb.dlt.ri.gov/profregsonline>



Non-Refundable Processing Application Fee

	Computer Code	Application Fee	License Fee*
MECHANICALS:			
Master Mechanical Contractor MMA	001	NO TEST	\$480
Contractor Master CM	20.	\$75	\$240
Contractor Master Pipefitter CMP	20.1	\$75	\$240
Contractor Master Refrigeration CMR	20.2	\$75	\$240
Contractor Master Sheet Metal CMS	20.5	\$75	\$240
Refrigeration Master 1 RM1	002	\$75	\$240
Refrigeration MASTER 2 RM2	003	\$75	\$96
Pipefitter Master 1 PM1	004	\$75	\$240
Pipefitter Master 2 PM2	005	\$75	\$96
Sheet Metal Master I SMM 1	040	\$75	\$240
Sheet Metal Master II SMM 2	042	\$75	\$240
PJF/ Natural Gas Service Master II LTD	044	\$75	\$240
PJF/ Gas Serviceman (Propane Gas) Master II LTD	048	\$75	\$240
Refrigeration Journeyman I RJ1	006	\$75	\$72
Refrigeration Journeyman II RJ2	007	\$75	\$60
Pipefitter Journeyman I PJ1	008	\$75	\$72
Pipefitter Journeyman II PJ2	009	\$75	\$60
Sheet Metal Journeyman I SMJ 1	041	\$75	\$72
Sheet Metal Journeyman II SMJ 2	043	\$75	\$30
Fire Suppression LTD LIMITED	010	\$75	\$60
Decorative Heating Appliances LTD LIMITED	045	\$75	\$60
Welding LTD LIMITED	012	\$75	\$60
Gas Serviceman (Natural Gas) PJF LIMITED	019	\$75	\$144
Gas Serviceman (Propane Gas) Journeyman II PJF LIMITED	013	\$75	\$144
O/B Serviceman Journeyman II PJF LIMITED	015	\$75	\$144
Gas Station LTD LIMITED	016	\$75	\$60
Synthetic Exhaust Ducting LTD LIMITED	046	\$75	\$60
Contractor Master Sprinkler CMFP	20.4	\$75	\$240
Fire Protection Master FPM	017	\$75	\$240
Fire Protection Journeyman FPJ	018	\$75	\$72

* Individuals who achieve a passing score of 70 or greater will be invoiced for the License Fee.



THIS IS AN IMPORTANT NOTICE

If you do not understand the enclosed notice, please contact this office in the RI Department of Labor and Training, Division of Workforce Regulation and Safety to speak with a Spanish interpreter. Spanish interpreters are available to assist you. If you are attending a hearing, you cannot use your own interpreter. The Division of Workforce Regulation and Safety will provide an interpreter for you. It is important that you call the Division of Workforce Regulation and Safety at (401) 462-8570 or (401) 462-8580, at least seven (7) days prior to your hearing to request an interpreter.

The Division of Workforce Regulation and Safety is responsible to provide interpreter services at no cost to you. You are responsible for requesting these services in accordance with the procedures outlined in this notice.

PLEASE NOTE:

Interpreters are available to assist customers in languages other than Spanish. Please contact the Division of Workforce Regulation at (401) 462-8580 or (401) 462-8570 to request an interpreter or written translation in a language other than Spanish.

AVISO IMPORTANTE

Si usted no entiende esta notificación, por favor contacte a la oficina de RI Departamento de Trabajo y Entrenamiento División de Workforce Regulation y Safety para hablar con un intérprete en Español. Interpretes en Español están disponibles para asistirle. Usted no puede usar su propio intérprete si va a asistir a una audiencia. Workforce Regulation y Safety le proveerá un intérprete a usted. Es importante que usted llame al Workforce Regulation y Safety al (401) 462-8570 o (401) 462-8580 por lo menos (7) días antes de su audiencia para solicitar un intérprete.

La División de Workforce Regulation y Safety es responsable de proveer servicios de interpretación sin costo alguno para usted. Usted es responsable de solicitar estos servicios de acuerdo con el procedimiento escrito en esta notificación.

POR FAVOR OBSERVE:

Interpretes están disponibles para asistir a clientes en idiomas, además del Español. Por favor contacte la División de Workforce Regulation, llamando al (401) 462-8580 o (401) 462-8570, para solicitar un intérprete o para traducción escrita en un idioma, además del Español.



PIPEFITTERS, SHEET METAL, FIRE PROTECTION, SPRINKLER FITTER and REFRIGERATION

Application for Examination

Application Must be Printed CLEARLY

Social Security Number: _____ Date of Birth: _____

Full Name (Last, First + Middle Initial): _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home or Mobile Telephone: _____ Email: _____

Exam Applying For: _____ Computer Code: _____

Do you need this exam in a language other than English. Yes No If yes, what language? _____

CATEGORY – Applicants must state what license is requested

Employer: _____

If Self Employed, Company Name: _____

Employer Address: _____

City/Town: _____ State: _____ Zip Code: _____

Employer Telephone: _____

Applicant must answer all questions on both pages truthfully and swear to the same before a NOTARY PUBLIC. Penalties for false information are as itemized in the General Laws of Rhode Island and Addendum. Statement may be investigated and verified for truthfulness.

General Listing of Work History:

1. Name of Employer: _____ Type of Work: _____

1. Dates Worked: From: _____ To: _____

2. Name of Employer: _____ Type of Work: _____

2. Dates Worked: From: _____ To: _____

3. Name of Employer: _____ Type of Work: _____

3. Dates Worked: From: _____ To: _____

Education - List all education and schooling that you have received in the refrigeration, air conditioning, heating, pipefitting, sprinklerfitter, and sheet metal trade.

1. Location: _____ Degree/Diploma: _____

1. Dates Attended: From : _____ To: _____

2. Location: _____ Degree/Diploma: _____

2. Dates Attended: From : _____ To: _____

3. Location: _____ Degree/Diploma: _____

3. Dates Attended: From : _____ To: _____

You must list any VALID LICENSES YOU NOW HOLD with the Department of Labor and Training.

1. Type of License: _____ 2. Type of License: _____ 3. Type of License: _____

Listed employers or customers may be sent forms to attest to the truthfulness of all statements on this application and these will have to be sent back to this division, properly notarized, before any action is taken on this licensing test application.

Applicant Signature: _____ Date: _____

Notary Signature and Seal: _____ Expiration Date: _____

Submit ONLY this page and the prior page with required documents to:

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety
Professional Regulation Unit
1511 Pontiac Avenue, PO Box 20247
Cranston, RI 02920-0943
Phone (401) 462-8580 | Fax (401) 462-8528

If you fail to pass your examination, you may request a review of the same, in writing, to the Division of Professional Regulation, within thirty (30) days of failure notice.

Equal Opportunity Employer • Auxiliary Aids and services are available upon request to individuals with disabilities. TTY via RI Relay: 711

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS AREA

Test Fee Paid CHECK CREDIT MO

Division/Commission Approval for Test

Comments / Date Approved: _____

Date Paid: _____