Water Filtration Application Information

Please read instructions below carefully:

- 1. Submit a legible copy of a valid driver's license or state identification with the application.
- 2. Complete, sign and submit the enclosed application form.
- 3. Submit a check or money order in the amount of \$75 (application fee) made payable to the RI Dept. of Labor and Training along with the application. Payment is non-refundable.
- 4. Submit a separate, detailed statement on company letterhead stating that the contractor has been incorporated or has been registered to do business with the State of Rhode Island for the past three (3) years designating the installation of water-filtration/ treatment systems as a provided service; **OR** stating that the installer has been employed for the past three (3) years by a contractor that has been incorporated or registered to do business with the state of Rhode Island designating the installation of water-filtration/treatment system as a provided service. Statement must be notarized.

Note: Incomplete applications will not be processed and will be returned to the applicant. All required documentation also must be included with the application.

Application Fee (non-refundable)				
License	Computer Code	Two-Year License Fee		
Master water filtration/ treatment system installer	56	\$240		
Journeyperson water filtration/ treatment system installer	57	\$72		
Apprentice water filtration/ treatment system installer	58	\$20 (no test)		

Important: Complete and submit a Ratio Sheet on company letterhead. Ratio Sheet must also be notarized.

RI General Law Information

- § 5-20-5.2 "Commercial water filtration/treatment system work" defined. [Effective January 1, 2017] Commercial water filtration/treatment system work," as used in this chapter, means any alteration, installation or repair of water filtration/treatment systems in which the piping exceeds one and one-half inches (1.5") or the flow rate exceeds eighty (80) gallons per minute.
- § 5-20-3.3 "Journeyperson water filtration/treatment system installer" defined. [Effective January 1, 2017]. Journeyperson water filtration/treatment system installer," as used in this chapter, means a person who has performed all phases of a project under the supervision of a master water filtration/treatment system installer licensee for a period of not less than one year. Journeypersons shall not be permitted to apply for a water filtration/treatment system installation permit.
- § 5-20-4.2 "Apprentice water filtration/treatment system installer" defined. [Effective January 1, 2017]. Apprentice water filtration/treatment system installer," as used in this chapter, means a person hired to perform all phases of a water filtration/treatment system project under the supervision of a master water filtration/treatment system installer licensee or a licensed journeyperson water filtration/treatment system installer for a period of one year.

Water Filtration Application Form

Please print clearly.

Applicant must truthfully answer all questions 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. Information may be verified.

Applicant Name:			
Last		First	Middle Initial
Social Security Number:		Date of Birth:	
Street Address:			
City/Town:			Zip Code:
		Email:	
License in which you are ap	oplying:		Computer Code:
Current Employer (<i>list if sel</i>	f-employed):		
Employer Address:			
		State:	Zip Code:
		Email:	
Employment History (list fro	om most recent):		
1. Employer Name:			
Dates Worked:		Type of Work:	
2. Employer Name:	То		
Dates Worked:	То	Type of Work:	
From 3. Employer Name:			
Dates Worked:		Type of Work:	
From	То		

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Education (<i>list all edu</i>	cation and sch	ooling received	in the plumbing and irrigating	g trades):
1. Institution Name:_				
Dates Attended:			Degree/Diploma:	
2. Institution Name:_	From	То		
Dates Attended:			Degree/Diploma:	
			RI Department of Labor ar 2. Type of Licence:	nd Training:
Applicant Signature	.		 Date	
Notary Signature			Date	
Expiration Date				

SUBMIT APPLICATION AND PAYMENT TO:

RI Department of Labor and Training
Div. of Workforce Regulation and Safety
Professional Regulation Unit
1511 Pontiac Avenue, PO Box 20247
Cranston, RI 02920-0943

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

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				



Apprenticeship • Labor Standards • Occupational Safety • Prevailing Wage • Professional Regulation

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 for providing 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 llamé 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 Worforce Regulation y Safety es responsable de provéer 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 estan disponible para asistir a clientes en idiomas, ademas del Español. Por favor contacte la de Division of Workforce Regulation, llamando al (401) 462-8580 o (401) 462-8570, para solicitar un interprete o para traduccion escrita en un idioma, ademas del Español.