



State of Rhode Island
RI Department of Labor and Training
Division of Workforce Regulation and Safety, Professional Regulations Unit

Board of Examination of Telecommunication
Systems Contractors, Technicians and Installers

FOR OFFICE USE ONLY			
TSC Lic. No. _____			
<input type="checkbox"/> Data	<input type="checkbox"/> Telephone		
<input type="checkbox"/> Video	<input type="checkbox"/> Sound		

CORPORATION FORM

Attach to application. Use Only for Form TSC. All information must be completed.

Applicant Name (must be an individual):

Last Name: _____ First Name: _____ M.I. _____

Social Security Number: _____

Corporation Name: _____

Principal Corporate Business Address: _____

City/Town: _____ State: _____ Zip _____

Mailing Address (if different): _____

City/Town: _____ State: _____ Zip _____

Corporate Office Telephone Number: _____

Date of Incorporation: _____ Place of Incorporation (city/town and state): _____

Responsible Corporate Officer:

Full Name: _____ Office Held: _____

Residential Address: _____

Residential City/Town: _____ State: _____ Zip: _____

Residential Telephone: _____ RI Resident Non-RI Resident

Responsible for Rhode Island Operations (Complete if Foreign Corp. and Responsible Officer is Non-RI Resident)

Full Name: _____ Title/Position: _____

Residential Address: _____

Residential City/Town: _____ State: _____ Zip: _____

Residential Telephone: _____



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CORPORATION FORM (continued)

All information must be completed.

Corporation Name: _____

Corporate Officers:

Full Name: _____ Office: _____

Residential Address: _____

Residential City/Town: _____ State: _____ Zip: _____

Residential Telephone: _____ Owns 25% or more of stock (all classes)

Full Name: _____ Office: _____

Residential Address: _____

Residential City/Town: _____ State: _____ Zip: _____

Residential Telephone: _____ Owns 25% or more of stock (all classes)

Full Name: _____ Office: _____

Residential Address: _____

Residential City/Town: _____ State: _____ Zip: _____

Residential Telephone: _____ Owns 25% or more of stock (all classes)

Full Name: _____ Office: _____

Residential Address: _____

Residential City/Town: _____ State: _____ Zip: _____

Residential Telephone: _____ Owns 25% or more of stock (all classes)

I, THE UNDERSIGNED REPRESENTING THE CORPORATION,
DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE
INFORMATION PRESENTED HEREIN IS TRUE AND ACCURATE TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

Responsible Corporate Representative:

Signature

Typed or Printed Name

Title

Date

Applicant:

Signature

Corporations must be registered with the Secretary of State to conduct business in Rhode Island.

Please be informed that your telecommunication contractor's license must be returned to this division in order for your corporate license to be processed.

Additionally, a fee of one hundred twenty dollars (\$120.00) must be submitted with your application.

Thank you for your cooperation in this matter.



Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety
Professional Regulation Unit
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