

State of Rhode Island RI Department of Labor and Training

Division of Workforce Regulation and Safety, Professional Regulations Unit 1511 Pontiac Avenue, Building 70, Cranston, RI 02920-0943



Phone: (401)462-8580 | Fax: (401)462-8528 | www.dlt.ri.gov/profregs

TELECOMMUNICATIONS APPLICATION INSTRUCTIONS—PLEASE READ CAREFULLY

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

- 1. Submit a legible copy of government-issued identification (e.g., Driver's license or Passport) must be attached to the application.
- 2. A completed application, signed and **notarized** (see last two (2) pages of this packet).
- 3. Application fee of \$36.00 per category is required to process your application. This is a non-refundable application fee. Check or money order should be made payable to the RI Department of Labor and Training. (Credit cards accepted in person only).
- 4. All Applicants for Telecommunications System Contractor "TSC" must demonstrate their ability to contract and design Telecommunication Systems and verify completion of three (3) satisfactory projects for each category that you are making application for, and verification of three (3) years experience. List Category/IES: Data Video Telephony Sound.
- 5. All Telecommunications System Technician "TST" must show verification of experience. List Category/IES: Data Video Telephony Sound.
- 6. All Telecommunications System Limited Installer "TSLI" must show verification of experience.
- 7. Submitted verification must be a **notarized statement of your experience and must be on company letterhead.** To expedite the application approval **it is your responsibility** to provide verifiable experience that will qualify you in the category of licensing that you are requesting.
- 8. Licenses will become due bi-annually upon the birth month of the Licensee.
- 9. After exam passage, if the "TSC" license holder wishes to assign their personal license to a firm or corporation, they must complete the telecommunication corporate form. This will add a company name to a personal license. The license holder is restricted to work for the company listed on the license.
- 10. All telecommunication forms are found online at: dlt.ri.gov/regulation-and-safety/professional-regulation

Recommended Study Material: dlt.ri.gov/study-material

View your application status online: dlt.ri.gov/profregsonline/ApplicationStatus

Ratio sheet: dlt.ri.gov/sites/g/files/xkgbur571/files/2024-08/Company Ratio.pdf

Non-Refundable Processing Application Fee

	Bi-Annual License Fee	Application/Test Fee
Telecommunication System Contractor	\$240	\$ 36 per category
Telecommunication System Technician	\$144	\$ 36 per category
Telecommunication System Limited Installer	\$72	\$ 36
Telecommunication Apprentice	No Fee	

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



RI Department of Labor and Training Workforce Regulation and Safety



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.

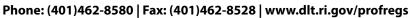
PLEASE NOTE:

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.



State of Rhode Island RI Department of Labor and Training

Division of Workforce Regulation and Safety, Professional Regulations Unit PO Box 20247, Cranston, RI 02920-0943





TELECOMMUNICATIONS — APPLICATION FOR EXAMINATION AND APPRENTICESHIP

Application Must be Printed CLEARLY

So	ocial Security Number:	Date	of Birth:				
Fu	ull Name (Last, First + Middle Initial):		_				
Str	reet Address:						
Cit	ity/Town:			State:	Zip Code:		
Нс	ome or Mobile Telephone:		Email:				
	kam Applying For:		Compu	ter Code:			
Dc	o you need this exam in a language other than English?	Yes	No	If yes, what lang	uage?		
En	mployer:						
If S	Self Employed, Company Name:						
En	mployer Address:						
Cit	ity/Town:		State:		Zip Code:		
Εn	mployer Telephone:						
Te 1.	,	DUND					
2.							
3.	Telecommunication Systems Limited Installer – "TSLI" ☐ TSLI						
	Verification of experience in the installation of Telecommu	unicatio	ns Systems	must be attache	d to this application.		
4.	Apprentice: You must have a notarized letter from a Rhode that you are is employed by said Telecommunications SysteLETTERHEAD AND MUST HAVE RATIO SHEET.					ating	
	☐ APPRENTICE						

Education - Verification of ed	ucation/school	ing that you have rece	eived in any/all related areas of telecommunications.
1. Location:			Degree/Diploma:
• Dates Attended: From: _			To:
2. Location:			Degree/Diploma:
• Dates Attended: From: _			To
3. Location:			Degree/Diploma:
• Dates Attended: From: _			To:
You must li	ist any VALID L	ICENSES YOU NOW HC	OLD with the Department of Labor and Training.
1. Type of License:		2. Type of License:	3. Type of License:
	ivision, proper	ly notarized, before an	truthfulness of all statements on this application and these will my action is taken on this licensing test application. cknowledgement
		-	
In	on the	day of	, 20 ,
before me personally appeare	∍d		to me known and known by me to be the party(ies)
Applicant Signature:			Date:
Notary Signature and Seal:			Expiration Date:
S	Rh.	ode Island Departme Division of Workforce Professional Ri PO Box Cranston, RI	ent of Labor and Training Regulation and Safety Regulation Unit x 20247 102920-0943 80 Fax (401) 462-8528
T. I.S. D. I. GUEGA			SE DO NOT WRITE IN THIS AREA
Test Fee Paid: CHECK	CREDIT	MO	Division/Commission Approval for Test
Comments / Date Approved	d:		