



**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](http://dlt.ri.gov/regulation-and-safety/professional-regulation)

**Recommended Study Material:** [dlt.ri.gov/study-material](http://dlt.ri.gov/study-material)

**View your application status online:** [dltweb.dlt.ri.gov/profregsonline/ApplicationStatus](http://dltweb.dlt.ri.gov/profregsonline/ApplicationStatus)

**Ratio sheet:** [dlt.ri.gov/sites/g/files/xkgbur571/files/2024-08/Company\\_Ratio.pdf](http://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
<b>Telecommunication System Contractor</b>	<b>\$240</b>	<b>\$ 36 per category</b>
<b>Telecommunication System Technician</b>	<b>\$144</b>	<b>\$ 36 per category</b>
<b>Telecommunication System Limited Installer</b>	<b>\$72</b>	<b>\$ 36</b>
<b>Telecommunication Apprentice</b>	<b>No Fee</b>	

\* 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*

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## **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.

DLT is an equal opportunity employer/program - auxiliary aids and services available upon request.  
TTY via RI Relay: 711



**TELECOMMUNICATIONS — APPLICATION FOR EXAMINATION AND APPRENTICESHIP**

**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?

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.

**Telecommunications Categories:**

1. Telecommunication System Contractor – “TSC” (You must state Category(s) you are applying for)  
 DATA     VIDEO     TELEPHONY     SOUND  
 Verification of **three (3) completed projects for each category applied for**, must be attached to this application.
  
2. Telecommunication Systems Technician – “TST” (You must state Category(s) you are applying for)  
 DATA     VIDEO     TELEPHONY     SOUND     SATEL  
 Verification of experience in the installation of Telecommunications Systems must be attached to this application.
  
3. Telecommunication Systems Limited Installer – “TSLI”  
 TSLI  
 Verification of experience in the installation of Telecommunications Systems must be attached to this application.
  
4. Apprentice: You must have a notarized letter from a Rhode Island Licensed Telecommunications Systems Contractor, stating that you are employed by said Telecommunications Systems Contractor. THIS LETTER MUST BE ON THE COMPANY’S LETTERHEAD AND MUST HAVE RATIO SHEET.  
 APPRENTICE

**Education** - Verification of education/schooling that you have received 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 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.

### Public Notary Acknowledgement

In \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
before me personally appeared \_\_\_\_\_ to me known and known by me to be the party(ies)  
executing the foregoing instrument, and he/she/they acknowledged said instrument, by him/her/they executed by them as their  
free act and deed.

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  
PO Box 20247  
Cranston, RI 02920-0943  
Telephone (401) 462-8580 | Fax (401) 462-8528

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: \_\_\_\_\_