



State of Rhode Island and Providence Plantations  
 DEPARTMENT OF BUSINESS REGULATION  
 Division of Design Professionals  
 1511 Pontiac Avenue, Bldg. 68-2  
 Cranston, Rhode Island 02920  
 Phone 401-462-9592 Fax 401-462-9532  
[www.bdp.ri.gov](http://www.bdp.ri.gov)

**RI State Board of Registration for  
 Professional Engineers**

**APPLICATION FOR REGISTRATION TO PRACTICE PROFESSIONAL ENGINEERING BY COMITY**

Rhode Island requires an NCEES record for an application for licensure by comity. Information regarding obtaining a record can be found at: [www.ncees.org/records/](http://www.ncees.org/records/)  
 It is the responsibility of the applicant to notify NCEES to electronically transmit their record to the Rhode Island State Board of Professional Engineers.

**APPLICATION FEE** - the application fee for **PROFESSIONAL ENGINEER BY COMITY** shall be one hundred fifty dollars (\$150.00) made payable to: RI General Treasurer and shall accompany the complete application package. **This fee is non-refundable.**

**GENERAL INFORMATION:**

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name in full: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Business name, address & phone: \_\_\_\_\_

Preferred mailing address: ( ) Business ( ) Residence

Current employment: \_\_\_\_\_

In what branch(s) of engineering are you proficient: \_\_\_\_\_

Have you previously applied or held registration in RI? YES \_\_\_\_\_ or, NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever had registration refused or a disciplinary action taken in any state? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

PLEASE KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS.

***\*\*Please note: All applications must be complete and all required documentation should be enclosed prior to sending it to the DBR, failure to do so, will result in significant delays.***



## **TAX PAYER STATUS AFFIDAVIT / IDENTITY FORM**

All persons applying for or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

### **LICENSEE DECLARATION**

#### **PLEASE CHECK ONE BOX BELOW OR APPLICATION WILL BE CONSIDERED INCOMPLETE**

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of License you're applying for:

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rev.03/16