

For Office Use
only:
Check _____
Date: _____
Amt. _____



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
1511 Pontiac Avenue, Bldg. 68-2
Cranston Rhode Island 02920

Tel: (401) 462-9592 Fax: (401) 462-9532 Website: www.bdp.ri.gov

- Renewal Expiration Date: 06/30/19
- Renewal Fee: \$300 BIENNIAL RENEWAL (2years)
- Penalty Fee \$60 PER YEAR IF RECEIVED AFTER JUNE 30, 2019
- Indicate registration number on check
- Make checks payable to: General Treasurer, State of RI

RI PE Registration #: _____

Name: _____

Address: _____

Phone: () _____

Email address: _____

Address Change:

It is your responsibility to keep the Board apprised of all address and phone number changes.

Have you been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to your license to practice engineering in any state since your last renewal? YES NO

If yes, please briefly explain and indicate the jurisdiction on an attachment.

Do you wish to reinstate a Retiree Status license? Yes No

RENEWALS and PAYMENTS POSTMARKDED AFTER JUNE 30, 2019 SUBJECT TO PENALTY.

The amount to be paid for the renewal of a license AFTER the date of expiration shall be the annual fee of one hundred and fifty dollars (\$150) times the number of years the applicant has been delinquent, plus a penalty of sixty (\$60) per year delinquent. In the event renewal is not made before the end of the third year, the Board may require such re-examination as it deems appropriate

Registration shall be effective only from and after receipt by the Board of all such amounts as may be due.

I have read carefully the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my registraion in the State of Rhode Island. I understand that this is a continuing application and that I have an affirmative duty to inform the Board of Registration for Professional Engineers of any change I the asnwrs to these questions after this application is signed.

Signature of Applicant: _____

Date: _____



Tax Payer Status Affidavit / Identity Verification

All persons applying 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 and 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.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, State Board of Registration for professional Engineers, 1511 Pontiac Avenue, Building 68-2, Cranston, RI 02920.

Licensee Declaration

- 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 Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number
(or FEIN if appropriate)

Signature

Phone Number
(including area code if not 401)

Date