



RI Department of Health  
3 Capitol Hill, Room 206  
Providence, RI 02908-5097  
[www.health.ri.gov](http://www.health.ri.gov)

## RI Department of Health

# Application and Instructions for:

Lead Contractor

Business Name – Please Print

**DO NOT DUPLICATE THIS FORM  
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

# INSTRUCTIONS

- Please use a ball point pen. Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted, and your application will be returned to you. Information can be obtained on our website at [www.health.ri.gov](http://www.health.ri.gov)
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health  
Office of Health Professionals Regulation  
Room 206 - 3 Capitol Hill  
Providence, RI 02908-5097

1. \$400.00 (four hundred dollar) application fee in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Required Documentation	

- (A) Copy of certificate(s) of successful completion of an initial Lead Contractor/Supervisor training course which meets the requirements of 216-RICR-50-15-11.3.5 by an owner/principal or employee of the contractor
- (B) Copy of successful completion of the state Lead Supervisor license examination required by 216-RICR-50-15-11.4.5(A) by that owner/principal or employee
- (C) Copy of valid registration as a "contractor" with RI Contractors Registration and Licensing Board 440-RICR-10-00-2
- (D) Copy of Respiratory Protection Program **which meets the requirements of 29 CFR 1910.134**
- (E) Copy of Medical Surveillance Program which meets the requirements of **29 CFR 1926.62(j)**

The respiratory protection program & medical surveillance program must meet OSHA requirements.

Please make a photocopy of your entire completed application for your records before mailing to the center. The center is not responsible for providing you with a photocopy of your application.

Please allow the center fifteen (15) business days to process your application and mail your license.

Please call the Health Information Line at 401-222-5960 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:  
<https://healthri.mylicense.com/Verification>

**PLEASE NOTE: The Department can no longer handle applications on a "walk-in" basis. Please do not drop applications off at the Department.**

2/2022

## State of Rhode Island and Providence Plantations Department of Health

<p><b>Contractor Name :</b></p> <p>This is the legal entity in whose name the license should be issued and who is legally responsible.</p>	<p>Name: _____</p>										
<p><b>Trained Contractor/Supervisor Name and Training Certificate and Training Provider Certificate Number and Expiration Date:</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">Prefix (Mr/Mrs/Dr.)</td> <td style="width: 30%; border-bottom: 1px solid black;">First Name</td> <td style="width: 30%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 15%; border-bottom: 1px solid black;">Suffix (Jr/III)</td> <td style="width: 10%; border-bottom: 1px solid black;">Title</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Certificate Number</td> <td colspan="3" style="border-bottom: 1px solid black;">Expiration Date</td> </tr> </table>	Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)	Title	Certificate Number		Expiration Date		
Prefix (Mr/Mrs/Dr.)	First Name	Last Name	Suffix (Jr/III)	Title							
Certificate Number		Expiration Date									
<p><b>Contractor Mailing Information:</b></p> <p>Please provide the mailing information for all communication regarding this license.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>_Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>										
<p><b>Ownership Type :</b></p> <p>Please check ONE</p> <p>This structure should be the same that the applicant used to register with the RI Contractors' Registration Board</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner			
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<input type="checkbox"/> Partner											
<p><b>Ownership Information:</b></p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name and Title: _____</p> <p>DBA: _____</p>										
<p><b>Ownership Address Information:</b></p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zipcode _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>										

