

# RI Department of Health

## Renewal Application and Instructions for:



Name:

License Number:

Profession:            Drinking Water Operator

License Type:

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

# INSTRUCTIONS

- Please answer all questions. Indicate any changes to current or missing information. Do not leave blanks. Incomplete forms will be returned to you and your license/permit will not be renewed. Please use a ball point pen.
- Please complete the form and mail to: Rhode Island Department of Health, Center for Drinking Water Quality, 3 Capitol Hill, Providence, RI 02908-5097. Do not hand deliver this form to the Department of Health.
- **DO NOT DUPLICATE THE RENEWAL FORM.** It has been created with specific information identifiable only to this license.
- If you have any questions concerning this renewal application, call the Department of Health, Center for Drinking Water Quality at (401) 222-6867.
- Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.
- In order to be eligible to renew your license you must meet the following criteria:
  - 1) Actively working in the area of certification at least (20%) of the time between the date the certificate was issued and the date it expires
  - 2) Completion of the required number of contact hours (based on license level and class) of approved training between the date the certificate was issued and the date it expires.

<b>Training:</b>  <b>Submit Documents!</b> (Please attach copies of each course certificate, transcript, or proof of attendance for each course listed.) Only courses that have been approved by the Board and successfully completed by you will be counted.	Course Title	Offered By	Date Attended	Training Contact Hours Received
	1)			
	2)			
	3)			
	4)			
	5)			
	6)			
	7)			
	8)			
Total:				
<b>Work Experience:</b>	Employer Name:			
	Date of Hire into Current Position:			
	Job Title:			
	Percent of time actively working in the area of your certification (i.e. either treatment or distribution)			
	Job Duties: If your job duties have changed since you last renewed <b>do not</b> complete this renewal. Please contact the office at (401) 222-6867. You may be required to upgrade your class of license. <span style="float: right;">No Change <input type="checkbox"/></span>			



# State of Rhode Island and Providence Plantations

## Department of Health

License Type:

**Name:**

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name:

Change:

First Name

Last Name

Suffix  
(Jr/III)

**Residence Information:**

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

(Not published on the RIDOH web site).

Address:

Change:

No Change

Phone:

Fax:

Email Address:

**Business/Employment Information:**

Please provide the employment information related to this license. Include Name of Business/Employer

Address:

Change:

No Change

Phone:

Fax:

Email Address:

**Preferred Mailing Address:**

Please check ONE

Residence Address

Business/Employment Address

**SSN:**

(Social Security Number)

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

If the below SSN is incorrect or missing, please provide: If the SSN state "Verified" leave blank.

SSN: Verified

SSN:

-   -

**Affidavit of Applicant:**

Read, sign and date this Affidavit.

**AFFIDAVIT AND SIGNATURE**

**This Application Must be Signed**

"I \_\_\_\_\_do, solemnly swear (affirm) that I am the applicant named in this application, that I have made or read the contents hereof, and to the best of my knowledge and belief the foregoing statements and answers are true in substance and effect and are made in good faith.

Furthermore, I have actively and personally participated in any and all of the classroom and/or online courses, seminars, and/or webinars submitted with this application for license renewal during my certification period.

I understand that misstatement of material facts may result in forfeiture of all rights to certification as a drinking water operator in Rhode Island."

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Signature  
(MM/DD/YY)**

Furnishing the SSN is mandatory. The SSN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.