State of Rhode Island and Providence Plantations
RI Department of Labor and Training
Division of Workforce Regulation and Safety, Professional Regulations Unit
1511 Pontiac Avenue - Building 70 - P.O. BOX 20247, Cranston, RI 02920-0943
Phone:(401)462-8580 | Fax: (401)462-8528 | www.dlt.ri.gov/profregs

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. One (1) head and shoulders PHOTOGRAPH (Passport type) or legible copy of driver license must be submitted with this application.

2. Submit the last two (2) pages of this packet with the application signed and notarized.

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.

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 NOTARIZED STATEMENT OF YOUR EXPERIENCE AND MUST BE ON THE COMPANY STATIONERY.

   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 asssign their personal license to a firm or corporation, he or she 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 compnay listed on the license.

10. All telecomunication forms are found online at www.dlt.ri.gov/profregs/applicationforms.htm.

    PLEASE COMPLETE THE APPROPRIATE FORMS AFTER PASSING EXAMINATIONS.

Non-Refundable Processing Application Fee

	Bi-Annual License Fee	Application/Test Fee
Telecommunication System Contractor	**$240**	**$ 36 per category**
Telecommunication System Technician	**$144**	**$ 36 per category**
Telecommunication System Limited Installer	**$72**	**$ 36**
Telecommunication Apprentice	**$24 Annual Only**	

* Individuals who achieve a passing score of 70 or greater will be invoiced for the License Fee.

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.

AVISO IMPORTANTE

Si usted no entiende esta notificación, por favor contacte a la oficina de RI Departamento de Trabajo y Entrenamiento División de Workforce Regulation y Safety para hablar con un intérprete en Español. Interpretes en Español están disponibles para asistirle. Usted no puede usar su propio intérprete si va a asistir a una audiencia. Workforce Regulation y Safety le proveerá un intérprete a usted. Es importante que usted llamé al Workforce Regulation y Safety al (401) 462-8570 o (401) 462-8580 por lo menos (7) días antes de su audiencia para solicitar un intérprete.

La División de Worforce Regulation y Safety es responsable de provéer servicios de interpretación sin costo alguno para usted. Usted es responsable de solicitar estos servicios de acuerdo con el procedimiento escrito en esta notificación.

POR FAVOR OBSERVE:
Interpretes estan disponible para asistir a clientes en idiomas, ademas del Español. Por favor contacte la de Division of Workforce Regulation, llamando al (401) 462-8580 o (401) 462-8570, para solicitar un interprete o para traduccion escrita en un idioma, ademas del Español.

DLT is an equal opportunity employer/program - auxiliary aids and services available upon request.
DLT esta en el programa/empleador de igualdad de oportunidades, ayudas auxiliares y hay servicios disponibles para personas incapacitadas que asi lo solicitase. TTY via RI Relay: 711

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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: _____

Do you need this exam in a language other than English. ◯ Yes ◯ No If yes, what language? _____

CATEGORY – Applicants must state what license is requested

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 t**hree (3) completed projects for each category applied for**, must be attached to this application.
   Verification of three (3) years experience 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 he/she is employed by said Telecommunications Systems Contractor.
   THIS LETTER MUST BE ON THE COMPANY'S STATIONERY 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: _____

1. Dates Attended: From : _____ To: _____

2. Location: _____ Degree/Diploma: _____

2. Dates Attended: From : _____ To: _____

3. Location: _____ Degree/Diploma: _____

3. 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.

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, to his/her/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:

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Division of Workforce Regulation and Safety
Professional Regulation Unit
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Phone (401) 462-8580 | Fax (401) 462-8528

If you fail to pass your examination, you may request a review of the same, in writing, to the Division of Professional Regulation, within thirty (30) days of failure notice.

Equal Opportunity Employer • Auxiliary Aids and services are available upon request to individuals with disabilities. TTY via RI Relay: 711

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: _____