STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF LABOR AND TRAINING
DIVISION OF WORKFORCE REGULATION & SAFETY

TELECOMMUNICATIONS APPLICATION

***** INSTRUCTIONS – PLEASE READ CAREFULLY *****

APPLICATIONS WILL NOT BE REVIEWED BY THE BOARD OF EXAMINATION AND LICENSING OF TELECOMMUNICATION SYSTEMS CONTRACTORS, TECHNICIANS, AND INSTALLERS IF THE FOLLOWING DIRECTIONS ARE NOT ADHERED TO

1) TWO (2) HEAD AND SHOULDERS PHOTOGRAPHS (PASSPORT TYPE), TAKEN WITHIN THREE (3) MONTHS PRIOR TO THE DATE OF SUBMISSION AND MUST BE SUBMITTED WITH YOUR APPLICATION.

2) YOUR APPLICATION MUST BE SIGNED AND NOTARIZED.

3) APPLICATION FEE OF $36.00 PER CATEGORY APPLIED FOR IS REQUIRED TO PROCESS YOUR APPLICATION. **THIS IS A NON-REFUNDABLE APPLICATION FEE.** CHECK SHOULD BE MADE PAYABLE TO THE GENERAL TREASURY/STATE OF RHODE ISLAND.

4) ALL APPLICANTS FOR TELECOMMUNICATIONS SYSTEM CONTRACTOR "TSC" MUST DEMONSTRATE THEIR ABILITY TO 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 A NOTARIZED STATEMENT OF YOUR EXPERIENCE AND MUST BE ON THE COMPANY STATIONERY.

TO EXPEDITE THE APPLICATION APPROVAL – IT IS YOUR RESPONSIBILITY TO VERIFY EXPERIENCE THAT WILL QUALIFY YOU IN THE CATEGORY OF LICENSING THAT YOU ARE REQUESTING.

8) LICENSES WILL BECOME DUE FOR RENEWAL ANNUALLY UPON THE BIRTH MONTH OF THE LICENSEE.

9) APPLICANTS FOR TELECOMMUNICATIONS SYSTEM CONTRACTOR "TSC" WHO ARE APPLYING ON BEHALF OF A PARTNERSHIP OR CORPORATION ARE REQUIRED TO FURNISH INFORMATION IN ADDITION TO THIS FORM. PLEASE REQUEST THE APPROPRIATE FORMS WHEN APPLYING.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF LABOR AND TRAINING
DIVISION OF WORKFORCE REGULATION & SAFETY
1511 PONTIAC AVENUE – BUILDING 70
P.O. BOX 20247
CRANSTON, RHODE ISLAND 02920-0943
(401)462-8580 FAX (401)462-8528 TDD (401)462-8006
www.dlt.state.ri.us

TELECOMMUNICATIONS APPLICATION

APPLICATION MUST BE CLEARLY PRINTED

SOCIAL SECURITY NUMBER

LAST NAME **FIRST NAME** **MI**

STREET ADDRESS

CITY/TOWN **STATE** **ZIP**

TELEPHONE

DATE OF BIRTH

- - - -

- TELECOMMUNICATIONS WORK HISTORY -

1) TELECOMMUNICATION SYSTEM CONTRACTOR – "TSC" (YOU MUST STATE CATEGORY(S) YOU ARE APPLYING FOR)

DATA ☐ VIDEO ☐ TELEPHONY ☐ SOUND ☐

VERIFICATION OF THREE (3) COMPLETED PROJECTS FOR EACH CATEGORY APPLIED FOR, MUST BE ATTACHED TO THIS APPLICATION.

ALSO – VERIFICATION OF THREE (3) YEARS EXPERIENCE MUST BE ATTACHED TO THIS APPLICATION.

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2) TELECOMMUNICATION SYSTEMS TECHNICIAN – "TST"
(YOU MUST STATE CATEGORY(S) YOU ARE APPLYING FOR)

DATA ☐ VIDEO ☐ TELEPHONY ☐ SOUND ☐

VERIFICATION OF EXPERIENCE IN THE INSTALLATION OF TELECOMMUNICATIONS SYSTEMS MUST BE ATTACHED TO THIS APPLICATION.

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3) TELECOMMUNICATION SYSTEMS LIMITED INSTALLER – "TSLI"

TSLI ☐

VERIFICATION OF EXPERIENCE IN THE INSTALLATION OF TELECOMMUNICATIONS SYSTEMS MUST BE ATTACHED TO THIS APPLICATION.

4) APPRENTICE: 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.

APPRENTICE ☐

EDUCATION

Verification of education/schooling that you have received in any/all related areas of telecommunications.

SCHOOL/LOCATION	FROM/TO	DEGREE/DIPLOMA
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* * * * * * *

PLEASE LIST VALID LICENSE(S) YOU CURRENTLY HOLD WITH THIS DIVISION, AND, IF APPLICABLE, A COPY OF YOUR OUT-OF-STATE LICENSE(S) MUST BE ATTACHED TO THIS APPLICATION.

_____	_____	_____
LICENSE AND NUMBER	**LICENSE AND NUMBER**	**LICENSE AND NUMBER**

Listed employer or customer references may be sent forms to attest to the truthfulness of all statements on this application and the same must be returned to this division, properly notarized, before action will be taken on this licensing/test application, if requested.

STATE OF RHODE ISLAND

PROVIDENCE COUNTY

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.

_____
Notary Public

My Commission Expires: _____

APPLICANT'S SIGNATURE_____ DATE_____

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

LICENSE CATEGORY	ANNUAL LICENSE FEE	APPLICATION/TEST FEE	
TELECOMMUNICATION SYSTEM CONTRACTOR	$120	DATA	$ 36
TELECOMMUNICATION SYSTEM TECHNICIAN	$ 72	SOUND	$ 36
TELECOMMUNICATION SYSTEM LIMITED INSTALLER	$ 36	TELEPHONY	$ 36
TELECOMMUNICATION APPRENTICE	$ 24	VIDEO	$ 36