



**PROFESSIONAL LAND SURVEYOR
INDIVIDUAL REGISTRATION
Biennial Renewal Application**
State Board of Registration for Professional Land Surveyors
560 Jefferson Blvd., 1st Floor, Warwick, RI 02886

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

Renewal Expiration Date: 6/30/2021
 Renewal Fee: \$250 Late Fee: \$125 (After 6/30/21)
 Indicate registration number on check
 Make checks payable to: General Treasurer, State of RI

- Yes, I want to renew.
 No, I do not want to renew. Enclosed is my stamp and/or seal pursuant to RI General Laws §5-8-1-12(b).
 HONORARY (No Renewal Fee)
APPLICATION MUST BE FULLY COMPLETED

It is your responsibility to keep the board apprised of all address & phone number changes.

RI PLS Registration #: _____	Change of Address (If Applicable)
Name: _____	_____
Address: _____	_____
_____	_____
Phone: () _____	Email address: _____

Name/Address/Phone/E-Mail of Firm or Employer: _____

1. I HAVE SATISFIED CONTINUING EDUCATION REQUIREMENTS (20 PDH's) FOR FISCAL YEARS 2017 AND 2018 ____ **YES** ____ **NO**
 If you answered "NO", please explain on an attachment. If you answered "YES", please complete the attached Continuing Education Reporting Form.
2. Have you been the subject of a formal or informal hearing or inquiry, complaint, or disciplinary action related to your license to practice land surveying in any state since your last renewal? ____ **YES** ____ **NO** If yes, please briefly explain and indicate the jurisdiction on an attachment.
3. I know and understand that to practice or to offer to practice land surveying in the State of Rhode Island, I must obtain a Certificate of Authorization. ____ **YES** ____ **NO**
4. Do you practice or offer to practice land surveying in the State of Rhode Island? ____ **YES** ____ **NO**
5. Are you listed on more than one COA? ____ **YES** ____ **NO** How many? _____

RENEWALS RECEIVED AFTER JUNE 30 SUBJECT TO PENALTY – The amount to be paid for the renewal of a certificate AFTER the date of expiration shall be double the regular fee. In the event the renewal is not made before the end of the second 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 registration 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 Land Surveyors of any change in the answers to these questions after this application is signed.

Signature of Applicant: _____ Date: _____

STATE OF RHODE ISLAND
STATE BOARD OF REGISTRATION FOR
PROFESSIONAL LAND SURVEYORS

Department of Business Regulation
 Division of Design Professionals
 560 Jefferson Blvd., 1st Floor, Warwick, RI 02886
CONTINUING EDUCATION REPORTING FORM

This form must be legible for acceptance and returned with your renewal card & registration fee.

Registrant Name: Registration Number:

Address: City: State: Zip:

FOR THE PERIOD: **July 1, 2018** TO: **June 30, 2021** Page: ____ of ____

Activity No.	Date(s) or Date Range	Nature of Activity and Sponsoring Organization	Location and Speaker/Instructor (As Applicable)	PDH's For This Activity	Cumulative PDH's for This Period
			Carry over from previous biennium: (10-PDH Maximum)		
TOTAL NUMBER OF PDH's DECLARED:					

CERTIFICATION:

Under penalty of perjury, I hereby certify that the declared PDH credits stated herein are correct and that I personally participated and completed those programs in which the credit was earned and that those credits were in fact awarded to me:

Signature Print Name Date

Additional sheet(s) attached: ____ Yes ____ No

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, 1511 Pontiac Avenue, 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