





**Rhode Island Department of Health**  
**3 Capitol Hill, Providence RI, 02908-5097**  
**MANDATORY ADDENDUM TO LICENSE APPLICATION**  
**Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after 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, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

**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/Business License for which you are applying,

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

*This form must be completed, signed and attached to your license application for processing.*

**State of Rhode Island and Providence Plantations  
REGISTRATION OF SANITARIANS**

**INSTRUCTIONS AND REQUIREMENTS**

1. Proof of graduation from an approved program as described under sections 1 and 2 of the Rules and Regulations. Documentation of education may be accomplished by filing certified transcripts from the school and bearing the imprint of the school seal verifying the dates of attendance and completion of the courses. This documentation must consist of original statements, or if in the form of photocopies, must bear original verification from the school official and bear the imprint of the school seal.
2. The appropriate state agency in each state in which the applicant has held or holds registration as a Sanitarian or any similar title must submit directly to the Division of Professional Regulation a statement attesting to the licensure status of the applicant during the time period the applicant held licensure in said state (s).
3. Results of the Registered Sanitarian Examination as provided by the Professional Examination Service of New York, NY. If you have not successfully passed or been administered this examination you will be scheduled for this examination upon completion of the application process.

**All documentation of numbers 1, 2 and 3 above must be sent directly from the school and/or the certifying body to this office.**

4. For those born in the U.S.A.: A certified copy of birth certificate.  
For those born outside the U.S.A.: Proof of lawful entry into the country.
5. A recent identification photograph of the applicant, head and shoulders front view, approximately 2 x 3 inches in size. Signed on the reverse and dated.
6. Three affidavits from responsible unrelated persons attesting to the applicant's good moral character.
7. The non-refundable application fee of \$100.00 must be paid at the time the application is filed. Make checks payable to Rhode Island General Treasurer. No responsibility is assumed for fees transmitted by mail. The initial license is valid for the remainder of the renewal year 31 December annually regardless of the date the application is filed.

All applications, communications and inquiries should be addressed to the Administrator, Division of Professional Regulation, Three Capitol Hill, Providence, Rhode Island 02908.

## CHAPTER 19.3. SANITARIANS

### § 23-19.3-1. Definitions

The following words as used in this chapter shall, unless the context requires otherwise, have the following meanings:

(1) "Division" means the division of professional regulation in the department of health.

(2) "Sanitarian" means a person with broad basic education experience in the field of environmental health sciences and technology, and who is qualified to carry out instructional and surveillance duties and enforce the laws in the field of environmental health.

### § 23-19.3-2. Division of professional regulation--Powers and duties

The division of professional regulation shall have the following powers and duties:

(1) To prepare and establish regulations governing registration of sanitarians.

(2) To appoint persons to prepare and administer examinations to applicants for registration as sanitarian.

### § 23-19.3-3. Qualification for registration

The division of professional regulation shall establish the minimum educational and experience qualifications which applicants must possess before being allowed to take the examinations for registration as sanitarians and may, in like manner, provide for the issuance of certificates of registration without examination to persons holding certificates of registration or licenses as sanitarians under the laws of another state, where the requirements are substantially equivalent or exceed the requirements of this state.

### § 23-19.3-4. Ad hoc committee

The director of health may establish, as the director deems necessary, an ad hoc committee of three professional environmental health scientists who are registered sanitarians with 10 or more years' experience in the field of environmental health services to assist the division of professional regulation in establishing any standards deemed necessary to carry out the provisions of this chapter.

**§ 23-19.3-5. Application for registration -- Examination -- Issuance of certificate**

(a) A person who desires to be registered as a sanitarian shall file with the division of professional regulation an application upon a form to be prescribed and furnished by the division of professional regulation. He or she shall include in the application, under oath, his or her qualifications as a sanitarian. The application shall be accompanied by a registration fee of one hundred dollars (\$100).

(b) If the division of professional regulation deems the education qualifications of the applicant are satisfactory and if he or she passes an examination, both written and oral, satisfactory to the division of professional regulation, the division shall issue him or her a certificate of registration. The certificate of registration shall expire at the end of the calendar year, and may be renewed on or before January fifteenth of the following year. The fee for renewal of a certificate of registration shall be thirty dollars (\$30.00).

**§ 23-19.3-6. Designation of registered sanitarian**

Any person to whom a certificate of registration as a sanitarian has been issued shall have the right to use after his name the title "registered sanitarian" or the letters "R.S." No other person shall assume the title or use the letters or any other words, letters, or writing to indicate that he or she is a registered sanitarian.

**§ 23-19.3-7. Restricted receipts**

From the proceeds of any fees collected pursuant to the provisions of this chapter, there is hereby created a restricted receipts account which shall be used for the general purposes of the division of professional regulation within the Rhode Island department of health.

INSTRUCTIONS

- 1) Read the Rules and Regulations carefully.
- 2) File the application and fee with the required documents.
- 3) File only original or notarized photocopies of birth certificate or proof of lawful entry into the country.
- 4) Transcripts must be sent directly from the school.

STATE CERTIFICATE NUMBER \_\_\_\_\_

ISSUED \_\_\_\_\_

APPLICATION OF:

CONSIDERED ON:

	DATE	CHECK
App. Received		
Fee Rec'd		
Birth Certificate		
Photo		
Transcripts		
Verification from Other States Rec'd		
Examination Scores		

CREDENTIALS WERE \_\_\_\_\_ SATISFACTORY  
RECOMMENDATIONS

ADMINISTRATOR  
DIVISION PROFESSIONAL REGULATION