

**\*\*\*FOR OFFICE USE ONLY\*\*\***

- Signed Application
- Date: \_\_\_\_\_
- Birth Certificate or Proof of Legal Entry/Eligibility for US Employment
- Photo - (2x3) signed on back
- Evidence of Education/Training Requirements



**\*\*\*FOR OFFICE USE ONLY\*\*\***

Application Approved:

License Number:

Issue Date:

Approval Signature

ID#:

Receipt #:

**Rhode Island  
Department of Health**

Room 209  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License As A***

Water Sampler

Water Interpreter

License # \_\_\_\_\_

Name \_\_\_\_\_

*Applicant - Print Name (First/MI/Last)*

**Phone: (401) 222-6867**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-6953**

# GENERAL INFORMATION

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## Required Documents

### All Applicants

- Completed and Signed Application
- Recent 2x3 photograph of yourself attached at the time of notarization
- Birth certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of lawful entry into the country and eligibility for employment in the United States.
- You must be 18 years of age or older to apply for this license.
- Supporting evidence of education and training

## Licensure Requirements

***Water Samplers - Please check ONE below on how you are obtaining this license. Documentation of this requirement must be sent directly to our office.***

- **High School** Diploma/GED
- Successful completion of a technical sampling course and Six (6) months work experience performing water quality fieldwork
- An **associate's (or higher) degree** in physical science or technical field
- successful completion of a technical sampling course
- State certification as a Public Water Supply Treatment or Transmission and Distribution Operator - **(DWO)** under R23-65-DWQ
- Be **employed, trained**, and experienced in potable water sampling by an analytical lab certified by the Department to perform potability analysis in accordance with the "Rules and Regulations for Certifying Analytical Laboratories"
- **Federal or State** regulatory **agency employee**, agencies will self-certify employees who perform sampling as a requirement of their job

***Interpreters- Please check ONE below on how you are obtaining this license. Documentation of this requirement must be sent directly to our office.***

- Be a Registered professional **licensed engineer** to practice in the State of Rhode Island
- Be an environmental scientist/**hydrogeologist** holding a "Professional" category membership in the American Institute of Hydrology and/or the American Institute of Professional Geologists
- A **Bachelor's degree** (or higher) in physical/earth science, or related field
- Three (3) years experience performing interpretation of water quality data as they apply to set standards or similar activities
- An **Associate's degree** in physical/earth science or engineering field
- Five (5) years related experience.

## Rules and Regulations

The rules and regulations for the "RULES AND REGULATIONS PERTAINING TO PRIVATE DRINKING WATER SYSTEMS (R23-1-5.3-PDW) can be obtained at the following web site:

<http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/5302.pdf>

# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information into the fields in the online format. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
3. Print your application and sign it with Blue Ink. HEALTH staff will not make assumptions about illegible information.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application. You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** proof of lawful entry into the country and eligibility for employment in the United States
3. A recent **2 X 3 photo** of yourself attached at the time of notarization.
4. Supporting evidence of education and training requirements sent directly from the school or training program
5. Mail the application and documentation to:

**Rhode Island Department of Health  
Office of Drinking Water Quality, Room 209  
Water Sampler or Interpreter  
3 Capitol Hill  
Providence, RI 02908-5097**



# State of Rhode Island Office of Drinking Water Quality

## Application for License as a Water Sampler or Interpreter

Refer to the Application Instructions when completing these forms.

### 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

### 2. Social Security Number

U.S. Social Security Number

### 3. Gender

 Male  Female

### 4. Date and Place of Birth

   1 9 

Month Day Year

City and State; OR Province and Country, etc., if NOT U.S.

### 5. Home Address

It is your responsibility to notify the Department of Health of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Home Phone

State

Postal Code, if NOT U.S.

Home Fax

REQUIRED



Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

### 6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the Department of Health of all address changes.

***This address will appear on the Department of Health web site.***

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Business Phone

Extension

State

Postal Code, if NOT U.S.

Business Fax

**7. Preferred Mailing Address**

Please check ONE

- Please use my **Home Address** as my preferred mailing address
- Please use my **Business Address** as my preferred mailing address

**8. Disciplinary Questions**

Check either Yes or No for each question. If you answer "Yes" to any question, please provide details in the box below.

- 1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?  Yes  No

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- 2. Have you ever been denied a license, certificate, registration or permit in any state?  Yes  No

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- 3. Have you ever been convicted of a violation, pled Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?  Yes  No

Applicant: Print your complete last name >

9. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing 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 license to practice as a Water Sampler - Interpreter (please circle the type of license that you are applying for) in the State of Rhode Island.

By signing this application I further attest that I am of good moral character and (if applying for an "Interpreter" license) I am not a principal of or have a vested interest in a company that sells or installs water treatment systems.

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.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

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

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

Notary Seal

Name of Notary (Print, Type or Stamp) \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Notary No./Commission No. \_\_\_\_\_

Commission Expiration Date (MM/DD/YY) \_\_\_\_\_

10. Recent Photograph

Securely tape or glue in this square a current 2" x 3" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

