



State of Rhode Island  
Department of Business Regulation  
Division of Commercial Licensing  
Certified Constables Section  
1511 Pontiac Ave, Bldg. 69-1  
Cranston, RI 02920

**CERTIFIED CONSTABLE RENEWAL APPLICATION**

<b>REQUIREMENTS <i>(Incomplete submissions will be returned)</i></b>		
<ul style="list-style-type: none"><li>• Current Rhode Island Criminal History Record (CHR)</li><li>• Proof of ten (10) hours of approved continuing education within prior 24 months</li><li>• Proof of bond continuation OR a new bond in the amount of \$10,000.</li><li>• \$ 400.00 check or money order made payable to the "RI General Treasurer"</li></ul>		
<b>CONSTABLE CONTACT INFORMATION</b>		
Name:		License No.:
Residential Address:		
City:	State:	Zip Code:
Mailing Address: <i>(if different from residence)</i>		
City:	State:	Zip Code:
Phone Number:	Email Address: <i>(Mandatory)</i>	
Is it acceptable for the DBR to make available to the public the phone number and email listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been arrested or convicted of any crime since your first appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>AFFIDAVIT &amp; SIGNATURE</b>		
<b>Tax Payer Status Affidavit</b> Pursuant to R.I. Gen. Laws, Chapter 5-76, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Renewal Affirmation</b> I solemnly swear that I will continue to support the constitution of the United States and the constitution and laws of this state and will faithfully and impartially discharge and perform all the duties incumbent on me as a Certified Constable of the State of Rhode Island according to the best of my abilities. I certify under penalty of perjury, that all information provided in this application is true and accurate.  _____ Signature of Constable  _____ Date of Signature (MM/DD/YY)		
<b>OFFICE USE ONLY</b>		
Date application received:		
Bond:		
CHR:		
CE Certificates (10) hours:		