



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING
and Racing and Athletics

233 Richmond Street, Suite 230
Providence, RI 02903

Telephone (401) 222-2416

FAX (401) 222-6654

TTY: 711

www.dbr.state.ri.us

TRAVEL AGENT EXAM APPLICATION AND INSTRUCTIONS

- An Application must be completed and mailed to this office 3 weeks prior to desired exam date.
- The following must be submitted along with your application:
 1. Examination fee of \$10.00.
Check or Money Order payable to: Rhode Island General Treasurer.
 2. A Criminal History Record “CHR” from the Department of Attorney General
(Instructions can be found on our website.)
- Once your application is approved a notification will be mailed to you with the date and time of the next scheduled exam. All exams are given at the Department of Business Regulation. You will be notified in writing of the results within 15 days after taking the exam. Upon notification that you have passed the exam you must apply for your license before you can work as an agent.
- If you fail the exam and are currently working as an apprentice you must maintain your apprentice permit in order to continue working.

The Travel Agent Exam will consist of three sections: True or False, Multiple Choice and Fill in the Blank. The exam is graded on a 100-point scale with a grade of 70 required to pass. Topics covered include Rhode Island General Law Title 5, Chapter 5-52 “Travel Agencies” along with the Travel Rules and Regulations, World Geography, Domestic and International Air, Rail, Car Rental, Hotel Accommodations, Cruises, Tour and Basic Mathematics. Test questions reflect information considered common knowledge for someone meeting the minimum experience requirements needed to be eligible to obtain a Travel Agent License. A Sample test can be found on our website.

The Rhode Island General Law Title 5, Chapter 5-52, along with the Rules and Regulations of Travel Agencies as governed by this Department, are available to the public for a fee of \$2.00. Check or money order payable to RI General Treasurer or you may attain them free of charge on our web site.



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APPLICATION FOR EXAMINATION OF TRAVEL AGENT

1. _____
 Name: (Last) (First) (Middle)

2. _____
 Residence (Street) (City/Town) (State) (Zip)

3. _____ 4. _____ 5. _____
 Social Security Number Date of Birth Home Telephone

6. Have you, the signator of this application, ever been convicted in any jurisdiction of a felony involving theft, fraud, or breach of fiduciary relationship. Yes _____ No _____

If the answer is **yes**, List Name of individual, charge, court of jurisdiction, date of conviction, penalty imposed, final disposition, if any, on a separate sheet of paper and attach it to this application.

7. Are you presently licensed as an apprentice with a Licensed Travel Agency? Yes _____ No _____

If YES: Apprentice License Number: _____ Date Issued: _____ Expiration Date: _____

Name of Travel Agency license is held under: _____

If NOT a Licensed Apprentice then, I hereby **FURNISH EVIDENCE** that I have been certified to complete a course of study leading to qualification as a Travel Agent at a recognized educational institution. (Attach separate sheet if necessary).

Name of Institution	Course Title	Attendance To/From	Date of Graduated

8. All Applicants must have this section endorsed by two (2) reputable citizens of the community in which you reside or have resided.

_____	_____
Print Name of Endorser	Print Name of Endorser
_____	_____
Signature of Endorser	Signature of Endorser
_____	_____
Address and Telephone Number	Address and Telephone Number

The undersigned hereby applies to be examined by the Rhode Island Department of Business Regulation for a license entitling me to act and be known as a Travel Agent in the State of Rhode Island pursuant to the provisions of Title 5, Chapter 5-52 of the General Laws of Rhode Island and makes oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.

X _____
 Signature of Applicant

Subscribed and sworn to before me this _____, day of _____, _____.

Signature of Notary Public X _____ **My commission Expires:** _____