



**State of Rhode Island**  
**Department of Business Regulation**



**Division Of Commercial Licensing And Racing and Athletics**  
**Travel Section**  
**233 Richmond Street, Suite 230**  
**Providence, Rhode Island 02903-4230**  
**Telephone (401) 222-2416 Facsimile (401) 222-6654 TDD 711**  
**www.dbr.state.ri.us**

**2008 TRAVEL MANAGER RENEWAL**  
**(FEE: \$50.00 Payable to Rhode Island General Treasurer)**

Name of Manager		Social Security Number	Date of Birth
Name of Employing Travel Agency			
Business Address (Principal Office) – Street, City/Town, State, Zip Code			
Branch Location, if any, other than principal office			
Street	City/Town	State	Zip Code
Current License Number		Business Telephone	
Residence Address – Street, City/Town, State, Zip Code			Home Telephone Number
<p>Have you, the signator of this application, ever been convicted in any jurisdiction of a felony or misdemeanor?          (check one)      _____Yes      _____No</p> <p>If answer is yes, list the: charge, Court of Jurisdiction, date of conviction, penalty imposed, final disposition, if any.</p>			
<p>The undersigned hereby applies for renewal of Travel Manager license subject to the provisions of Title 5, Chapter 52, General Laws of Rhode Island, and under the pains and penalties of perjury makes oath to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements hereto attached.</p> <p align="center">Signature of Applicant _____</p>			