



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
 Division of Capital Asset Management & Maintenance
CONTRACTORS' REGISTRATION and LICENSING BOARD
 One Capitol Hill
 Providence, RI 02908-5859

Office (401)222-1270
 FAX (401)222-1940
 www.crb.ri.gov

APPEAL APPLICATION FORM

Claim Number _____ Violation Number _____ Date _____

Complaint:			Respondent:		
Name		REG#/ LIC#	Name		REG#/ LIC#
Company Name (if applicable)			Company Name (if Applicable)		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Phone#			Phone#		
EXCEPTION FILED BY Claimant			Respondent		
MOTIONS FILED BY: Claimant			Respondent		
OTHER ACTIONS: Expungement..... <input type="checkbox"/> Appeal of Violation..... <input type="checkbox"/>			Reinstatement of Registration <input type="checkbox"/>		
(Other)EXPLAIN _____					
<p>DIVISION 4.8 Claimant or respondent may file written exception if they believe that the Board has made a procedural error or that the proposed order is not supported by evidence received at the hearing or for any other reason. To be considered, exceptions must be received by the Board within 20 days of the date of mailing of the proposed order, <u>accompanied by a non-refundable \$20.00 processing fee.</u> If written exceptions are not timely received, the Board may issue a final order.</p>					
WRITTEN EXCEPTIONS					

The foregoing is true, complete, and correct to the best of my knowledge and belief

Date _____ Signature _____

OFFICE USE ADMINISTRATIVE HEARING	
DATE: _____	TIME: _____
FEE PAID: _____	