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
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www.crb.ri.gov

EXPUNGEMENT APPLICATION FORM

Registration / License

Filing fee $20.00 for first claim or violation, a $5.00 fee each subsequent claim or violation

Business Name _____ Registration / License Number _____

Name: *(PRINCIPAL RESPONSIBLE)* _____ Email _____

Address _____ City _____ State _____

Home Phone Number _____ Business Phone Number _____ Cell Phone Number _____

List claim number and claimant's name:

Claim number_____ Claimant _____

Claim number_____ Claimant _____

Claim number_____ Claimant _____

Claim(s) is a letter of support of expungement from claimant attached: □ Yes □ No

Have any of these claims been prosecuted in court? □ Yes □ No

If yes, list claim number_____, _____, _____.

List violation file number:

Violation File number_____

Violation File number_____

Violation File number_____

Have any of these violations been prosecuted in court? □ Yes □ No

If yes, list violations file number_____, _____, _____.

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

Date_____ Signature_____

Office use only;
Fee's submitted □ Yes □ No