



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

Statement of Claim

FOR OFFICE USE ONLY
CLAIM NUMBER:

Claims can only be filed on residential property.

1. Person Making Complaint			2. Complaint Against			Non-registered Contractor		
Name			Name			Registration #		
Company (if registered contractor)		Registration #	Company					
Mailing Address						Mailing Address		
City		Zip	City		Zip			
E-mail						E-mail		
Phone(s) H		W	C	Phone(s) H		W	C	
Contract <input type="checkbox"/> Oral <input type="checkbox"/> Written(copy must be attached)			Contract Date		Total Amt. of Contract \$		Amt. Paid to Date \$	
3. Nature of Complaint				4. Job Address				
<input type="checkbox"/> Claim by Homeowner- Contract Dispute <input type="checkbox"/> Claim by Homeowner- Negligent/ Improper Work <input type="checkbox"/> Claim by Homeowner- Breach of Contract <input type="checkbox"/> Claim by Homeowner-Residential Construction Lien Filed <input type="checkbox"/> Claim by Residential General Contractor against Sub. <input type="checkbox"/> Claim by Residential Sub-Contractor against General <input type="checkbox"/> Claim by Employee <input type="checkbox"/> Soil, Asphalt, or Concrete Testing Claim <input type="checkbox"/> Result of Court Judgment				What was the job to be done under the contract? (i.e., build house, etc.) ____ (N) New Construction ____ (R) Renovation				
				Date work started		Date work ceased		
				Completion Date		Occupancy Date		
				Notification Date:(Written Copy Required If One Year and Under Two Years)				
				5. ____ Check this box if other claims have been filed relating to this claim (Claim No.(s))_____				
NOTE: If claim by material or equipment supplier, use Form No. BCRB-3-90				____ Check this box if the issue has been submitted to a court or arbitration for determination or resolution, and attach details.				

INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

- Before a claim can be processed an application fee of **\$25.00** in the form of a check must accompany this claim form. **This fee is non-refundable** and will only be returned if, upon review and before processing, it is found that the claim is outside the board's jurisdiction. Checks should be made out to the Contractors' Registration and Licensing Board.
- Print or type all entries on the claim form.
- Complete all numbered boxes, 1 through 6, on the claim form. If these are not completed, the form will be returned to you for completion.
- Box 4 of the claim form deals with information regarding your contract with the contractor.
IF YOUR CONTRACT WAS AN ORAL AGREEMENT, YOU MUST PROVIDE DOCUMENTATION TO VERIFY YOUR CLAIM, SUCH AS LEGIBLE, REPRODUCIBLE COPIES OF CANCELLED CHECKS, STATEMENTS, OR BILLINGS, FROM THE CONTRACTOR.

IF YOUR CONTRACT WAS A WRITTEN CONTRACT, YOU MUST PROVIDE A LEDGIBLE REPRODUCIBLE COPY OF THE CONTRACT OR EARNEST MONEY AGREEMENT BEARING BOTH THE CONTRACTOR'S AND YOUR SIGNATURES.
- If your claim involves a mechanics lien, you must send a copy of the notice of right of lien, a copy of the lien showing city or town recorder's stamp and signature; a copy of each invoice constituting a basis for the lien and evidence that you have paid the contractor. If the lien is being foreclosed, also send a copy of the foreclosed documents.

PLEASE READ THE ABOVE INSTRUCTIONS, ANSWER THE QUESTIONS ASKED; SIGN, DATE AND RETURN THIS STATEMENT OF CLAIM FORM AND PROVIDE CHECK FOR PROCESSING. FAILURE TO DO SO WILL DELAY YOUR CLAIM.

