



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

Materials/ Equipment Claim

Claims can only be filed on residential property

FOR OFFICE USE ONLY
CLAIM NUMBER:

1. Company Making Complaint		2. Complaint Against		
Company Name		Name		Registration #
Name of Representative and Title		Company		
Mailing Address		Mailing Address		
City	State	Zip	City	State Zip
E-mail		E-mail		
Phone(s) Office	Cell	Phone(s) H	W	C
Job site Address(es):				
<input type="checkbox"/> Check this box if other claim(s) have been filed relating to this claim. (Claim No. _____).		<input type="checkbox"/> Check this box if this issue has been submitted to a court or arbitration for determination or resolution and attach details		

Please complete the following recap and two copies of each invoice listed on the recap. Invoices must be listed in chronological order. The total amount claimed must reconcile with the attached invoices

DATE OF INVOICE	INVOICE #	INVOICE AMOUNT	DATE OF INVOICE	INVOICE #	INVOICE AMOUNT

Total of invoices listed\$ _____

A) **Enter total amount of tools, interest and service charges**.....\$ _____

B) **Enter total payments received or other credits to apply against above invoices**.....\$ _____

C) **Enter total of lines (B plus C)**\$ _____

D) **Total amount of claim (A minus D)**\$ _____

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.

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.

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

Signature _____ Date _____

RETURN ALL COPIES TO CONTRACTORS' REGISTRATION AND LICENSING BOARD