Department of Administration
Division of Capital Projects and Property Management
Contractors' Registration and Licensing Board
One Capitol Hill
Providence, Rhode Island 02908-5839
Telephone #: 401-222-1270
Fax #: 401-222-1940

Expungement Form

Contractor: Name: _____

Date: _____

Registration # _____

Address: _____

Telephone # _____

Expungement of: Claim(s) ☐

Violation(s) ☐

Both ☐

List claim(s) numbers and violation(s) numbers requesting expungement and reason why you feel this should be removed from your record:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____