



**Rhode Island Department of Business Regulation
Division of Building, Design & Fire Professionals
STATE BUILDING OFFICE**

REQUEST FOR EXPUNGEMENT OF CLAIM and/or VIOLATION

Please type or print legibly. Incomplete or unreadable applications will be returned. Please allow 7-10 business days for processing

**The filing fee is twenty dollars (\$20.00) for the first claim/violation and
five dollars (\$5.00) for each subsequent request**

APPLICANT INFORMATION

Registration/License Type:		Registration/License #	
Name:			
Residential Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Phone Number:	Cell Phone:	Email:	

EXPUNGEMENT INFORMATION

Claim Violation	Number	Date of Adjudication	
If Claim, Name of Claimant		Letter of Support from Claimant?	Yes No
Was this claim prosecuted in court?	Yes No	Case #	
Disposition/Outcome			

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BRIEFLY DESCRIBE REASON FOR EXPUNGEMENT REQUEST The Applicant Bears the Burden of Persuading the Board to Grant Each Request	

ACKNOWLEDGEMENTS

(Each box must be checked)

I swear, under the pains and penalties of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies, and/or failure to make full disclosures may be deemed sufficient reason to deny or revoke licensure by the Rhode Island Department of Business Regulation:

That I understand and agree to comply with all laws, rules, regulations, and industry standards to the best of my ability; and

That I shall participate and make good faith efforts to resolve all complaints, violations, and/or contested cases within the jurisdiction of the Board. Failure to do so shall result in the Board taking action against me to the extent allowable by law, including suspension or revocation of my license, without which a contractor cannot perform work in the state of RI.

Signature

Date

Print

SUBMISSION

Submit this application, with any supporting documents and fee to:

RI Contractors' Registration and Licensing Board
560 Jefferson Boulevard
Warwick, RI 02886

Make Checks Payable to RI CRLB

OFFICE USE ONLY

Date Received:

Application Complete?

Yes No

Fee Submitted:

Yes No

Amount

Date Heard

Decision of Board