



Department of Labor and Training  
**RHODE ISLAND**

State of Rhode Island, Department of Labor and Training, Division of Workers' Compensation

P.O. Box 20190, Cranston, RI 02920-0942

Phone (401) 462-8100 TDD (401) 462-8084 www.dlt.ri.gov

**NOTICE OF WITHDRAWAL OF DESIGNATION AS INDEPENDENT CONTRACTOR  
PURSUANT TO RIGL §28-29-17.1**

Name:  Doing Business As (if applicable):

Address:

City/St/Zip:

Date of Birth:

**I hereby withdraw my Designation as Independent Contractor for:**

Federal ID # (if known):

Hiring Entity:

Address:

City/St/Zip:

Independent Contractor Signature: \_\_\_\_\_ Date:

**For questions about Independent Contractors and confirmation of filings, visit the Division of Workers' Compensation website at [www.dlt.ri.gov/wc](http://www.dlt.ri.gov/wc). Confirmation of filings are also mailed to both the independent contractor and the hiring entity.**