

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

Name: IC Business Name (if applicable):

Address:

City/St/Zip:

Date of Birth:

I hereby withdraw my Designation as Independent Contractor for:

FEIN (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. Confirmation of filings are also mailed to both the independent contractor and the hiring entity.