



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING
DIVISION OF OCCUPATIONAL SAFETY
RIGHT - TO - KNOW

1511 PONTIAC AVENUE, PO BOX 20157, CRANSTON, RI 02920-0942
PHONE: (401) 462-8570 | FAX: (401) 462-8576
www.dlt.ri.gov/occusafe/righttoknow.htm

ANNUAL RENEWAL REGISTRATION

In accordance with the Rhode Island General Laws, Section 28-21, attached is your annual Hazardous Substance Right-to-Know Registration Form.

Complete and return the bottom half by the due date and and retain the top half for your records.

YEAR(S): _____

AMOUNT: _____

FEE DUE BY: _____

CHECK NO.: _____

CUT OFF AND RETAIN FOR YOUR RECORDS

ANNUAL RENEWAL REGISTRATION

YEAR(S): _____

AMOUNT: _____

FEE DUE BY: _____

CHECK NO.: _____

Make check or money order payable to:
RI Department of Labor and Training RTK

TYPE OF BUSINESS _____

Business location if different from mailing address:

PROOF OF TRAINING: I the undersigned, hereby certify that all employees who are exposed to any hazardous substances have received their annual training as specified in Section 28-21-9 of the Hazardous Substance Right-to-Know Act. Please use the next page of this form to list your hazardous substances. Please attach additional pages if necessary.

PROOF OF TRAINING.

NAME: _____ DATE: _____ TELEPHONE: _____

SIGNATURE: _____ TITLE: _____

ANNUAL RENEWAL REGISTRATION

LIST OF HAZARDOUS SUBSTANCES

Trade Name

Chemical Ingredients

Trade Name

Chemical Ingredients
