

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

* (Name) _____ Soc. Sec. No. _____
* Business Name _____ FEIN _____
Address _____ Business License No. _____
_____ Date of Birth _____

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

* Hiring Entity Name _____
* Address _____

Independent Contractor: _____
Signature Date

*** This information is available to the public.**

The Department will mail a confirmation of this filing to the independent contractor and the hiring entity within five business days. If you have any questions, call 462-8100, option 5.