State of Rhode Island
DEPARTMENT OF BUSINESS REGULATION
Division of Commercial Licensing
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

CLASS A MOTOR VEHICLE BODY REPAIR RENEWAL INSTRUCTIONS AND LICENSE APPLICATION

Applicants are *strongly encouraged* to apply online at: https://elicensing.ri.gov/

Complete the application and return with the following required attachments. **Incomplete applications will be returned.**

- **LICENSE FEE** $300 per year — maximum of 3 years ($900). Check or money order payable to "Rhode Island General Treasurer." If you're obtaining the ***optional*** Salvage Repair License, an additional $300 (maximum of 3 years and $900) per year is required.
- **CERTIFICATE OF INSURANCE (INSURANCE BINDER)** Policy shall provide for **bodily injury and property damage "Garage Liability"** for five hundred thousand ($500,000) combined single limit, ***and*** "**Garage Keepers Liability"** for damage to customer property for one hundred thousand ($100,000) per occurrence.
- **EVIDENCE OF FIRE SAFETY APPROVAL** Letter from local Fire Department or State Fire Marshal stating shop has passed inspection according to all local and state laws/regulations/codes for fire, health, and safety. It must also confirm safety inspection and approval of spray booth and refinishing area for painting.
- **CRIMINAL HISTORY REPORT** Mandatory for all owners, corporate officers, and managers.
- **TECHNICIAN CERTIFICATION** Proof of satisfactory completion of classes per Regulation 230-RICR-30-05-2.12.
- **TAX-PAYER STATUS AFFIDAVIT**
- **EVIDENCE OF GOOD STANDING (FOR CORPORATIONS AND LLCs ONLY)** Applicants may submit either a Letter of Good Standing from the R.I. Secretary of State, or a printout from the Secretary of State's website proving that your corporation is not revoked by the Secretary of State.
- **EPA HAZARDOUS WASTE GENERATORS PERMIT** Application can be found on DEM website at: http://www.dem.ri.gov/programs/benviron/waste/pdf/epaidno.pdf

Notice to all applicants:

- Your license number must appear on all business communications, estimates, signs, business cards and other written documentation related to that business.
- Immediately notify the Department upon any change of information from your latest application. Transfers of owner or business location require a new application and must be approved in advance by the Department.
- Department now sends all correspondence by email. Please make sure your email address is up to date.
- Inquire with your local city/town to verify if a local license is required for you to operate.

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CLASS A MOTOR VEHICLE REPAIR **RENEWAL** APPLICATION

Please type. **Incomplete applications will be returned.**

BASIC INFORMATION	
License Number Being Renewed:	
Do you want a Salvage Repairer License? ☐ **Yes** ☐ **No** If yes, please note: $300 additional fee per year required with a maximum of three (3) years and $900.	
OWNER INFORMATION	
Name:	**DOB:**
Address:	
City, State, Zip:	
Email:	**Phone:**
BUSINESS INFORMATION	
Type of Business ☐ **Sole Proprietorship** ☐ **Partnership** ☐**Corporation** ☐ **LLC** ☐ **Other**	
Name:	**FEIN:**
DBA (If applicable):	
Address:	
City, State, Zip:	
Email:	**Phone:**
PARTNERS, MEMBERS, OFFICERS (IF APPLICABLE)	
Name:	**DOB:**
Title:	
Address:	
City, State, Zip:	
Email:	**Phone:**
Name:	**DOB:**
Title:	
Address:	
City, State, Zip:	
Email:	**Phone:**
Name:	**DOB:**
Title:	
Address:	
City, State, Zip:	
Email:	**Phone:**
Name:	**DOB:**
Title:	
Address:	
City, State, Zip:	
Email:	**Phone:**
Name:	**DOB:**
Title:	
Address:	
City, State, Zip:	
Email:	**Phone:**

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CLASS A MOTOR VEHICLE REPAIR **RENEWAL** APPLICATION **— CONTINUED**

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DESIGNEE INFORMATION (Person The Department can speak to regarding the business)	
Name:	
Address:	
City, State, Zip:	
Email:	**Phone:**

APPLICATION QUESTIONS
Do you currently hold a Motor Vehicle Dealers License? □ **Yes** □ **No** **If yes, provide License #:**
Do you currently hold an Appraiser/Adjuster License? □ **Yes** □ **No** **If yes, provide License #:**
EPA Hazardous Waste Generators Permit #:
Square Footage: **NOTE: Licensees must perform repairs inside a fixed location with at least 4,000 SF of heated ground-level space**
Describe Secured Storage Area:

EMPLOYEE LIST		
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**
Name:	□**Technician**	□ **Shop Employee**

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CLASS A MOTOR VEHICLE REPAIR **RENEWAL** APPLICATION **— CONTINUED**

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LICENSE REQUIREMENTS
Certification for the repair and refinishing of aluminum, high-strength steel, and other metal or alloy, by at least one automobile manufacturer or third-party administrator. (proof must be attached) **Name of manufacturer or third-party administrator:**
A written lifetime warranty on repairs that is valid against workmanship defects is required. (Proof must be attached)
A system for documenting complaints is required. (Proof must be attached)
Do you have electrical and /or hydraulic pulling equipment? □ Yes □ No **If yes, provide model:**
Do you have current dimensional guides appropriate to vehicle being repaired? □ Yes □ No **If yes, provide model:**
Do you have a four (4)-point clamping system to secure vehicle while making structural repairs? □ Yes □ No **If yes, provide model:**
Do you have equipment/gauges mechanical or electronic capable of three-dimensional measurements? □ Yes □ No **If yes, provide model:**
Do you have appropriate welding equipment to meet manufacturer's requirements? □ Yes □ No **If yes, provide model:**
Do you have a paint system or access to a paint system capable of producing original equipment manufacturer's requirements? □ Yes □ No **If yes, provide model:**
Do you have a spray Booth that conforms to the requirements of the RI State Fire Marshall? □ Yes □ No **If yes, provide model:**
Do you have HVLP Spray guns that meet current EPA requirements? □ Yes □ No **If yes, provide model:**
Do you have a refinishing area that complies with safety and environmental regulations? □ Yes □ No
Do you have Parking in compliance with local laws and regulations to perform the repair work? □ Yes □ No

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CLASS A MOTOR VEHICLE REPAIR **RENEWAL** APPLICATION **— CONTINUED**

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AFFIDAVIT(S) & SIGNATURE

Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? ☐ Yes ☐ No

Affidavit of Application

I swear, under penalty 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 or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

_____ _____

Signature of Applicant Date of Signature (MM/DD/YY)

OFFICE USE ONLY	
	Date
Date application received:	
Check # **Amount:**	
Technician Certifications received:	
BCI(s) received:	
Insurance Binder received:	
Fire Safety Certificate received:	
Evidence of Zoning Approval received:	
Certificate of Good Standing (if applicable) received:	
EPA Number received:	