



State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Auto Salvage Repair Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920

INITIAL AND RENEWAL AUTO SALVAGE REPAIR LICENSE INSTRUCTIONS AND 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.

- **VALID CLASS A OR B LICENSE REQUIRED** You must have a valid Auto Body license prior to applying for Salvage Repair license.
- **LICENSE FEE** \$300 per year — maximum of 3 years (\$900). Check or money order payable to “Rhode Island General Treasurer.”
- **TECHNICIAN LIST AND CERTIFICATION** Proof of satisfactory completion of classes for 50 percent of your technicians per Regulation [230-RICR-30-05-2.12 \(C\)](#).

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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INITIAL AND RENEWAL AUTO SALVAGE REPAIR APPLICATION

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TYPE OF APPLICATION

Initial Renewal

BASIC INFORMATION

Auto Body License Number:

BUSINESS INFORMATION

| | |
|----------------------|--------|
| Name: | FEIN: |
| DBA (If applicable): | |
| Address: | |
| City, State, Zip: | |
| Email: | Phone: |

APPLICATION QUESTIONS

Number of technicians:

NOTE: Technician means anyone employed "who performs repairs of frame, structural systems, mechanical systems or the safety related systems of a Motor Vehicle (For Salvage license, 50% of technicians must be qualified)

NAME OF QUALIFYING TECHNICIANS

| |
|-------|
| Name: |

**EQUIPMENT REQUIREMENTS
(FOR MOTORCYLCES-ONLY LICENSE)**

| |
|---|
| Do you have a minimum of two (2) motor vehicle lifts? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have appropriate welding equipment that meets or exceeds the manufacturer's requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have at the minimum a MIG Welder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have appropriate hand tools that meet or exceed the manufacturer's requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No |



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INITIAL AND RENEWAL AUTO SALVAGE REPAIR APPLICATION— CONTINUED

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AFFIDAVIT(S) & SIGNATURE

Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-76, 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: | |