



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

MOTOR VEHICLE GLASS REPAIR INSTRUCTIONS AND LICENSE APPLICATION

Applicants are *strongly encouraged* to apply online at: <https://licensing.ri.gov/>

Complete the application and return with the following required attachments.

Incomplete applications will be returned.

FOR ALL LICENSEES

- **LICENSE FEE** \$300 per year — maximum of 3 years (\$900). Check or money order payable to “Rhode Island General Treasurer.”
- **CERTIFICATE OF INSURANCE (INSURANCE BINDER)** Policy shall provide for **bodily injury and property damage “Garage Liability”** for five hundred thousand (\$300,000) combined single limit, **and “Garage Keepers Liability”** for damage to customer property for one hundred thousand (\$50,000) per occurrence.
- **CRIMINAL HISTORY REPORT** Mandatory for all owners, corporate officers, and managers.
- **TECHNICIAN CERTIFICATION** Proof of satisfactory completion of classes per Regulation 230-RICR-30-05-3.8.

FOR DRIVE-IN AND COMBINATION SHOPS

- **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.
- **EVIDENCE OF ZONING APPROVAL** Letter from city/town stating you comply with all zoning laws to operate an auto body shop in that location.
- **(Only for New and Transfers)**
- **REGISTRATION AND INSURANCE** If using a mobile service van, whether on a mobile-only basis or as an extension of a physical location, attach evidence of registration and insurance as a commercial vehicle for **each** van.

FOR MOBILE ONLY SHOPS

- **COVERED LOCATION ADDRESS IN RHODE ISLAND** When there’s inclement weather, you **must** provide work in an enclosed space per Rhode Island General Law §5-38.5-6. **(Include a letter from the owner of the shop or their designee stating you have an agreement.)**
- **REGISTRATION AND INSURANCE** If using a mobile service van, whether on a mobile-only basis or as an extension of a physical location, attach evidence of registration and insurance as a commercial vehicle for **each** van.

Notice to all applicants:

- Your license number must appear on all business communications, estimates, signs, business cards and other written documentation.
- Transfers of owner or business location require a new application and must be approved in advance by The Department.
- The Department now sends all correspondence by email.



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TYPE OF APPLICATION

New Renewal Transfer **If Renewal or Transfer, License Number:**

OWNER INFORMATION

| | |
|-------------------|--------|
| Name: | DOB: |
| Address: | |
| City, State, Zip: | |
| Email: | Phone: |

BUSINESS INFORMATION

Type of Business:

Sole Proprietorship Partnership Corporation LLC Other

Type of Shop:

Drive-In Only Mobile Combination (Mobile and Drive-In)

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

DESIGNEE INFORMATION

(Person The Department can speak to regarding the business)

| | |
|-------------------|--------|
| Name: | |
| Address: | |
| City, State, Zip: | |
| Email: | Phone: |

PERSON(S) WITH FINANCIAL INTEREST (IF APPLICABLE)

| | |
|-------------------|--------|
| Name: | DOB: |
| Title: | |
| Address: | |
| City, State, Zip: | |
| Email: | Phone: |
| Name: | DOB: |
| Title: | |
| Address: | |
| City, State, Zip: | |
| Email: | Phone: |
| Name: | DOB: |
| Title: | |
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MOTOR VEHICLE GLASS REPAIR APPLICATION — CONTINUED

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APPLICATION QUESTIONS

Have you, an employee, manager, partner, member, officer, stockholder ever been involved in any business which had an application for license/permit denied, or had a business license/permit refused, suspended or revoked or had any disciplinary action taken against a license in Rhode Island or any other state?

(If yes, please explain using a separate sheet.) Yes No

Have you, or any person having a financial interest in this business ever been a party in any proceedings (civil, criminal or otherwise) involving fraud, deceit or misrepresentation or ever plead nolo contendere to a misdemeanor or felony?

(If yes, please explain using a separate sheet.) Yes No

If using a mobile service van, whether on a mobile-only basis or as an extension of a physical location, **attach evidence** of registration and insurance as a commercial vehicle for each van.

If yes, number of vans in service:

MOBILE ONLY SHOPS

List permanent location address in Rhode Island where glass services will be conducted in inclement weather per R.I.G.L. §5-38.5-6 — Listed Shop must be authorized under R.I.G.L. §5-38 (Auto Body Repair), § 5-38.3 (Motor Vehicle Repair), §5-38.5 (MV Glass), OR §5-31 (Dealers)

Name of Shop:

License Number:

Address:

A letter must be attached from the owner or their designee stating you have an agreement.

EMPLOYEE LIST

Name: Glass Repair Tech Employee

Name: Glass Repair Tech Employee

Name: Glass Repair Tech Employee

Name: Glass Repair Tech Employee

Name: Glass Repair Tech Employee

I certify, under the penalty of perjury, that all technicians are certified as required by Regulation 230-RICR-30-05-3.8.

Yes No **(proof must be attached)**

I certify, under the penalty of perjury, that the Applicant possesses and maintains in working order the equipment necessary: To perform motor vehicle windshield glass stone chip repair; and To perform motor vehicle glass replacement services.

Yes No



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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: | |