



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

INITIAL CLASS A MOTOR VEHICLE BODY REPAIR 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.
- **APPLICATION FEE (ONLY IF TRANSFERRING FROM A CLASS B)** \$300, which is non-refundable
- **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.
- **EVIDENCE OF ZONING APPROVAL** Letter from city/town stating you comply with all zoning laws to operate an auto body shop in that location.
- **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. **(Only I-CAR and ASE transcripts or P&L Certificates are acceptable proof.)**
- **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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BASIC INFORMATION	
Is this your first Auto Body License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want a Salvage Repairer License?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> 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:	
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City, State, Zip:	
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Title:	
Address:	
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide License #:	
Do you currently hold an Appraiser/Adjuster License? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have current dimensional guides appropriate to vehicle being repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have a four (4)-point clamping system to secure vehicle while making structural repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have equipment/gauges mechanical or electronic capable of three-dimensional measurements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have appropriate welding equipment to meet manufacturer's requirements? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have a spray Booth that conforms to the requirements of the RI State Fire Marshall? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have HVLP Spray guns that meet current EPA requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have a refinishing area that complies with safety and environmental regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Parking in compliance with local laws and regulations to perform the repair work? <input type="checkbox"/> Yes <input type="checkbox"/> No



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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

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:	