



State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Commercial Licensing and
Racing and Athletics

MOTOR VEHICLE BODY LICENSE APPLICATION AND INSTRUCTIONS

Applicants are ENCOURAGED to apply online at: <https://elicensing.ri.gov/>

INSTRUCTIONS

Complete the application and return with all required attachments as shown below.

Three Year License fee of \$900.00 Check or money order payable to: Rhode Island General Treasurer.

***** ATTACH THE FOLLOWING *****

- **CERTIFICATE OF INSURANCE** Policy shall provide for **bodily injury and property damage liability** for five hundred thousand (\$500,000) combined single limit, **and Garage Keepers Legal 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 been inspected for and is in compliance with all local and state laws/regulations/codes for fire, health, and safety. Letter 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** "CHR" for all owners, and managers.
- **TECHNICIAN CERTIFICATION** proof of classes per compliance with Regulation 16
- **LETTER OF GOOD STANDING FOR CORPORATIONS AND LLC**

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.

Inquire with your local city/town to verify if a local license is required in order for you to operate.

EPA HAZARDOUS WASTE GENERATORS PERMIT #: Application can be found on DEM website at:
<http://www.dem.ri.gov/programs/benviron/waste/pdf/epaidno.pdf>

Per National Emission Standards For Hazardous Air Pollutants (NESHAP) subpart HHHHHH you must register your existence with the Department of Environmental Management (DEM) For a brochure on this regulation please go to: http://www.epa.gov/ttn/atw/area/paint_stripb.pdf

Contact DEM regarding the Auto Body Repair Facilities voluntary self-certification program at:
<http://www.dem.ri.gov/programs/benviron/assist/abdycert/abdycert.htm>



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APPLICATION FOR MOTOR VEHICLE BODY LICENSE

TYPE OF APPLICATION: _____ NEW _____ RENEWAL _____ TRANSFER

INDICATE WHICH TYPE OF AUTO BODY REPAIR LICENSE

FULL COLLISION _____ LIMITED HEAVY TRUCK AND EQUIPMENT _____

LIMITED PAINT, RESTORATION, CUSTOMIZATION _____ SPECIAL USE _____

FOR NEW APPLICATION: IS THIS YOUR FIRST AUTO BODY LICENSE? YES _____ NO _____
 If NO, PLEASE LIST NAME OF FORMER BUSINESS AND LICENSE NUMBER:

OWNER'S NAME: _____ D.O.B: _____

OWNER'S ADDRESS: _____ HOME PHONE# _____

BUSINESS NAME: _____ Social Security # _____

Include DBA if Applicable: _____ FEIN: _____

BUSINESS STREET ADDRESS: _____

BUSINESS CITY/STATE/ZIP CODE: _____

BUSINESS PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

Is business a: Sole Proprietor _____ Partnership _____
 Corporation _____ LLC _____ Other _____

Name, Address, Phone Number, and Date of Birth for all partners, members, and officers –
 including their titles. (Attach separate sheet if necessary)

MOTOR VEHICLE BODY LICENSE APPLICATION-PAGE 2:

DO YOU OWN OR RENT PROPERTY BUSINESS IS LOCATED ON? _____ OWN _____ RENT

If you Rent, how long is the lease for? _____ (INCLUDE A COPY OF THE RENTAL AGREEMENT OR LEASE)

NAME, ADDRESS and TELEPHONE NUMBER OF PROPERTY OWNER:

DO YOU CURRENTLY HOLD A LICENSE FOR?

MOTOR VEHICLE DEALER: YES _____ NO _____ IF YES, LICENSE # _____

APPRAISER/ADJUSTER: YES _____ NO _____ IF YES, LICENSE # _____

EPA HAZARDOUS WASTE GENERATORS PERMIT # _____

DO YOU MEET MINIMUM VALUE STANDARDS FOR EQUIPMENT, APPARATUS, AND TOOLS PER COMMERCIAL LICENSING REGULATION 4, SECTION 4(D) FOR APPLICABLE LICENSE TYPE?

YES _____ NO _____

SPACE REQUIREMENT: LICENSEES MUST PERFORM REPAIRS INSIDE AT A FIXED LOCATION WITH AT LEAST 4000 SQUARE FEET OF HEATED GROUND LEVEL FLOOR SPACE.

INDICATE SQUARE FOOTAGE OF SHOP: _____

DESCRIBE SECURED STORAGE AREA FOR DAMAGED VEHICLES:

LIST NAME AND POSITION (TECHNICIAN*, CERTIFIED TECHNICIAN**, SHOP EMPLOYEE) OF ALL PAID OR UNPAID, FULL OR PART-TIME EMPLOYEES, OR AGENTS WORKING AT THE BUSINESS: (Use separate sheet, if necessary)

NAME

POSITION

NAME	POSITION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Technician means an individual employed by an Automobile body Shop who performs repairs of frame, structural systems, mechanical systems or the safety related systems of a Motor Vehicle.

*ATTACH PROOF OF ALL CLASSES FOR EACH CERTIFIED TECHNICIAN

MOTOR VEHICLE BODY LICENSE APPLICATION –PAGE 3:

AUTO BODY EQUIPMENT

Per Commercial Licensing Regulation 4 -Every Licensee must maintain equipment, apparatus, and tools, as described in Section 4(B)1(a-g), Section 4(B)(2)(a-c) and Section 4(B)(3)(a-c), as applicable, in order to meet the minimum standards required for issuance and renewal of the license.

mark “Yes” or “No” Below

include model name and number below:

- _____ Electrical and /or hydraulic pulling equipment? _____
- _____ Current dimensional guides appropriate to vehicle being repaired? _____
- _____ Four (4) point clamping system to secure vehicle while making structural repairs? _____
- _____ Equipment/gauges capable of measuring symmetrical & asymmetrical vehicles simultaneously - (3-D)? _____
- _____ Appropriate welding equipment to meet manufacturer’s requirements? _____
- _____ A paint system or access to a paint system capable of producing original equipment manufacturer’s requirements? _____
- _____ A spray booth that conforms to the requirements **of the State Fire Codes?** _____
- _____ Do you have HVLP Spray guns that meet current EPA requirements? _____
- _____ Do you have a refinishing area that complies with safety and environmental regulations?
- _____ Do you have appropriate hand tools that meet or exceed the manufacturer’s requirements?
- _____ Parking in compliance with local laws and regulations to perform the repair work?
- _____ Have you completed the Auto Body Repair Facilities self-certification program with The Department of Environmental Management?

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Special Use License Only: In addition to the equipment listed above, identify all activities and types of repairs you plan to perform:

Will you be painting? YES _____ NO _____ Make and Model of Paint Booth: _____

MOTOR VEHICLE BODY LICENSE – PAGE 4:

PER COMMERCIAL REGULATION 4, SECTION 4 F (i): HAVE YOU, AN EMPLOYEE, MANAGER, PARTNER, MEMBER, OFFICER, OR STOCKHOLDER EVER BEEN CONVICTED OF, OR EVER BEEN A PARTY IN ANY PROCEEDINGS (CIVIL, CRIMINAL OR OTHERWISE), IN ANY CRIMINAL FELONY INVOLVING DISHONESTY, BREACH OF TRUST, EMBEZZLEMENT, OBTAINING MONEY UNDER FALSE PRETENSES, BRIBERY, LARCENY, EXTORTION, CONSPIRACY TO DEFRAUD, FRAUD, FALSE DEALING OR ANY SIMILAR OFFENSE IN RHODE ISLAND OR ANY OTHER STATE?

IF YES, EXPLAIN: (use separate sheet, if necessary)

YES _____ NO _____

Have you previously reported this to the Department? NO _____ YES _____ DATE: _____

HAVE YOU, AN EMPLOYEE, MANAGER, PARTNER, MEMBER, OFFICER, OR STOCKHOLDER EVER BEEN INVOLVED IN ANY MOTOR VEHICLE REPAIR BUSINESS WHICH HAD AN APPLICATION FOR A LICENSE DENIED OR HAD A LICENSE SUSPENDED, REVOKED OR HAD DISCIPLINARY ACTION TAKEN AGAINST A LICENSE HELD IN RHODE ISLAND OR ANY OTHER STATE?

IF YES, EXPLAIN: (Use separate sheet, if necessary)

YES _____ NO _____

TAX PAYER AFFIDAVIT:

I hereby declare, under penalty of perjury, that I have filed all required Rhode Island state tax returns and have paid all taxes owed. If Not, please explain:

PLEASE TAKE NOTE OF R.I. GEN. LAW § 5-38-11 WHICH READS:

RESPONSIBILITY OF LICENSEE FOR ACTS OF AGENTS " IF A LICENSEE IS A FIRM OR CORPORATION IT SHALL BE SUFFICIENT CAUSE FOR SUSPENSION OR REVOCATION OF A LICENSE IF ANY OFFICER, DIRECTOR, OR TRUSTEE OF THE FIRM OR CORPORATION OR ANY MEMBER OF A PARTNERSHIP, SHALL HAVE BEEN FOUND BY THE DEPARTMENT GUILTY OF ANY ACT OR OMISSION WHICH WOULD BE CAUSE FOR REFUSING, SUSPENDING OR REVOKING A LICENSE TO SUCH PARTY. EACH LICENSEE SHALL BE RESPONSIBLE FOR THE ACTS OF ANY SALESMAN OR ANY DRIVE-AWAY TOW-AWAY OPERATOR ACTING AS THE AGENT FOR THAT LICENSEE, AND FOR THE ACTS OF ANY SALESPERSON, ESTIMATOR OR OTHER EMPLOYEE ACTING AS THE AGENT FOR THAT LICENSEE.

Do you certify, under the pains and penalties of perjury, that all information you have provided in this application including all other licensing requirement documents are true and accurate? You are advised that furnishing false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject you to civil or criminal penalties. You are further advised that the Department reserves the right to independently verify, at any time, all information contained in this application and any supporting documentation. Application must be signed by owner, or authorized signatory if owner is a corporation, or if business is a partnership – all partners must sign. You further certify that you are the principal owner, manager or authorized signatory and have sufficient authority to execute this application.

X _____
SIGNATURE OF OWNER OR AUTHORIZED SIGNATORY

DATE: _____

X _____
SIGNATURE OF ADDITIONAL PARTNER (IF PARTNERSHIP)

DATE: _____



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CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

Submit with the application a Criminal History Record (“CHR”) from the State of Rhode Island **for all owners, and managers**. If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.

A Rhode Island CHR may be obtained by contacting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General (“DAG”). One may contact the DAG in person by visiting 150 South Main Street, Providence, Rhode Island. To apply for a CHR in this manner, one must bring picture identification with the date of birth listed. Hours of operation are 8:30 A.M. to 4:30 P.M. Monday through Friday.

To apply for a Rhode Island CHR by mail, one must mail to the DAG: a notarized copy of a photo ID that has a date of birth listed, a signed and notarized letter giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope, and the \$5.00 fee.

The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00) and payable by check or money order to “BCI”. Please allow time for the DAG to process and generate your request. For further questions about this process please contact the DAG at (401) 274-4400.



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Technician Certification -- Approved Class List

Approved minimum requirements for the certification of motor vehicle body repair technicians: One technician per every five shop employees need certification. Technicians need to take one class per section. **All certifications must be maintained and current throughout the term of the license.**

Section I Identification and Analysis of Damage to Vehicles:

I-Car: DAM01, DAM01E, DAM08, DAM08E, DAM12, DAM12E, BLU01,
FCR01

ASE: Test B6

P & Consultants: Collision Damage Repair & Estimating

Section II Frame Measuring and Straightening Systems and Techniques:

I-Car: MEA01

ASE: Test B4

P & L Consultants: Structural Measuring and Realignment

Section III Welding in Collision Repair:

I-Car: SPS05, WCS03, WCS04, WCS06E, WCA03

ASE: Test B3

P & L Consultants: Collision Repair: Welding and Joining Methods

Lombard Equipment: Pro Spot Resistance Spot Welding & Mig Steel Welding Course

Section IV Structural Steel Repairs:

I-Car: SPS07, SPS09, SPS10, SPS11, SSS01, AHS01

ASE: Test B4

P & L Consultants: Structural Measuring and Realignment

Section V Suspension, Steering, and Alignment Systems:

I-Car: STE02, STE03, DAM06, DAM15

ASE: Test B5

P & L Consultants: Steering and Suspension Systems

Section VI Safety Restraint Systems:

I-Car: DAM11, DAM11E, RES01, RES02

ASE: Test B5

P & L Consultants: Supplementary Restraint Systems

Section VII Corrosion Protection:

I-Car: CPS01

ASE: Test B2

SEM: Automotive Corrosion Protection

3M: Seam Sealers and Corrosion Protection

P & L Consultants: Damage Assessor aka Estimator Structural Repair Technician (Steel & Aluminum) Non-Structural Cosmetic Repair Technician Refinish Technician

Any other classes, courses, or training taken from any school, OEM, or Equipment manufacturer should be submitted for approval. Class list was updated 10/28/15. When signing up for classes make sure to consult the most current list from the Department.