AUTO BODY REPAIR SHOP
APPLICATION AND INSTRUCTIONS

You can now apply on line at:  https://elicensing.ri.gov/

INSTRUCTIONS

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

**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 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. (ON NEW AND TRANSFER APPLICATIONS ONLY)

- **TAX PAYER AFFIDAVIT**

- **CRIMINAL HISTORY REPORT** “CHR” for all owners, and managers.

- **TECHNICIAN CERTIFICATION** proof of classes per compliance with Regulation 16

**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 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
APPLICATION FOR AUTO BODY REPAIR SHOP

OWNER'S NAME:__________________________________________________________ D.O.B:___________________
OWNER'S ADDRESS:_______________________________________________________ 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)
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
FOR NEW APPLICATION:     IS THIS YOUR FIRST AUTO BODY LICENSE?        YES _____           NO ______
If NO, PLEASE LIST NAME OF FORMER BUSINESS AND LICENSE NUMBER:
____________________________________________________________________________________________________
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 NAMES AND ADDRESSES OF ALL PAID OR UNPAID, FULL OR PART-TIME EMPLOYEES, OR AGENTS WORKING AT THE BUSINESS:  (Use separate sheet, if necessary)
TECHNICIAN CERTIFICATION REQUIREMENT

Upon submission of a new or renewal application, Commercial Licensing Regulation 16- Motor Vehicle Body Repair Technician Certification requires each applicant to have in its employ - one (1) certified technician, for every five (5) shop employees, to be certified in the following areas: i) Identification and Analysis of Damage to Vehicles; ii) Frame Measuring and Straightening Systems and Techniques; iii) Welding in Collision Repair; iv) Structural Steel Repairs; v) Suspension, Steering, and Alignment Systems; and vi) Safety Restraint Systems.

Applicant must maintain a record of certification for each technician in its employ. Such documentation must include the technician’s transcript and related certifications, and must be readily available to the Department.

Name of Body Shop: _________________________________

Number of Employees: _______ Number of Certified Technicians: _______

Name of Certified Technician: _________________________________
certified in: __________________________________________________________________________

School/association technician received certification: _______________________________________

ATTACH TRANSCRIPT FROM THE SCHOOL SHOWING PROOF OF COMPLETION FOR ALL CLASSES

Name of Certified Technician: _________________________________
certified in: __________________________________________________________________________

School/association technician received certification: _______________________________________

ATTACH TRANSCRIPT FROM THE SCHOOL SHOWING PROOF OF COMPLETION FOR ALL CLASSES

Name of Certified Technician: _________________________________
certified in: __________________________________________________________________________

School/association technician received certification: _______________________________________

ATTACH TRANSCRIPT FROM THE SCHOOL SHOWING PROOF OF COMPLETION FOR ALL CLASSES

If one of the above listed technicians should fall out of compliance or leave your employment --

You must notify the Department immediately.

You have ninety (90) days to send in the replacements name and transcripts
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

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

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: __________

Equipment Requirements for Motorcycles:

Each Applicant for a Motorcycle repair: License shall have at its facility at least the following equipment:

<table>
<thead>
<tr>
<th>Name and Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________ A minimum of two (2) motor vehicle lifts .</td>
</tr>
<tr>
<td>__________ Appropriate welding equipment that meets or exceeds the manufacturer’s requirements?</td>
</tr>
</tbody>
</table>

Name and model number: __________

Do you have appropriate hand tools that meet or exceed the manufacturer’s requirement? __________

Will you be painting? YES____ NO____ Make and Model of Paint Booth: __________
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_______

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.

X ___________________________     DATE: _________  SIGNATURE

X ___________________________     DATE: _________  SIGNATURE OF PARTNER (IF PARTNERSHIP)
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your completed license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
☐ I am currently pursuing administrative review of taxes owed to the state.
☐ I am in federal bankruptcy. (Case #_____________________________)
☐ I am in state receivership. (Case #_____________________________)
☐ I have been discharged from Bankruptcy. (Case #__________________)

___________________________________ _____________________________________
Type of Professional License for which you are applying

___________________________________ ______________________________________
Full Name (Please Print or Type) Social Security Number (or FEIN if appropriate)

___________________________________
Signature Phone Number (including area code if not 401)

___________________________________
Date
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.
Division of Commercial Licensing and Racing and Athletics

**Technician Certification**

Approved Minimum requirements for the certification of motor vehicle body repair technicians: Only classes taken within the last 5 (five) years will be accepted. Upon renewal you must show updated classes. If your certified technician leaves your employ, you must notify us immediately and replace them by sending us a note stating the new certified technician with copy of completed classes.

Section I  Identification and Analysis of Damage to Vehicles:
   I-Car: SPS01 (now listed as SPS10), or DAM08, DAM12, or DAM12E, BLU01, DAM01 and DAM01E
   ASE: Test B6
   P & L: Collision Damage Repair & Estimating

Section II  Frame Measuring and Straightening Systems and Techniques
   I-Car: SPS01 (now listed as SPS10), SPS07, DAM12, DAM12E, MEA01
   ASE: Test B4
   P & L: Structural Measuring and Realignment

Section III  Welding in Collision Repair
   I-Car: SPS05, or WCS06E, WCS03, WCS04
   ASE: Test B4
   P & L: Collision Repair: Welding and Joining Methods

Section IV  Structural Steel Repairs
   I-CAR: SPS07, SPS09, SPS10, SPS11, SSS01, AHS01
   ASE: Test B4
   P & L: Structural Measuring and Realignment

Section V  Suspension, Steering, and Alignment Systems
   I-Car: STE02, STE03, or DAM06, DAM15
   ASE: Test B5
   P & L: Steering and Suspension Systems

Section VI  Safety Restraint Systems
   I-Car: DAM1, DAM11, or DAM11E, RES01, RES02
   ASE: Test B5
   P & L: Supplementary Restraint Systems

Any other classes, courses, or training taken from any school, OEM, or Equipment manufacturer should be submitted for approval.