



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 GLASS REPAIR LICENSE
APPLICATION AND INSTRUCTIONS**

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

NOTE: Rhode Island Public Law 2015-146, The “Motor Vehicle Glass Consumer Protection Act” takes effect on January 1, 2016. Any Motor Vehicle Glass Repair Shop that submits an application for a new or renewal application received BEFORE that date will be “grandfathered” under the new laws for 12 months. Applications received after that day may be subject to the new law immediately.

Complete the application and return with the required attachments.

- 3-Year LICENSE FEE \$900.00. Check or Money Order payable to the Rhode Island General Treasurer.
- CERTIFICATE OF INSURANCE. Insurance coverage per Regulation 5 Section 4(D).
- CRIMINAL HISTORY REPORT (CHR). From the Attorney General
- LETTER OF GOOD STANDING. From the Secretary of State (For LLC’s and corporations)
- **DRIVE IN SHOP AND COMBINATION SHOP... PLEASE PROVIDE THE FOLLOWING:**
 - FIRE SAFETY COMPLIANCE LETTER (From Fire Department or Fire Marshal)
 - ZONING COMPLIANCE LETTER From (City/Town) (New and Transfers only)
 - EPA HAZARDOUS WASTE GENERATORS PERMIT NUMBER **OR** LETTER FROM THE RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT STATING YOU DO NOT NEED ONE.

Notice to all applicants:

"Motor Vehicle Glass Installation" means the act of replacing, repairing or installing glass on a Motor Vehicle.

Your license number must appear on all business communications- this includes your business vehicles, estimates, and signs.

All Renewal Notices from the Department will be sent Via electronic mail. Immediately notify the Department upon any change of information on your latest application.

Transfers must be approved by the Department prior to an address change or a new owner.

Inquire with your local city/town to verify if a local license is required in order 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>



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APPLICATION FOR MOTOR VEHICLE GLASS REPAIR LICENSE

TYPE OF SHOP: Mobile Only: _____ Drive In Only: _____ Combination: Mobile/Drive In: _____

BUSINESS NAME: _____

BUSINESS LOCATION: _____

Name and Address where the Department may send notices: Name of designee: _____

Full Mailing Address for Designee: _____

Is Business A: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ Other: _____

Business F.E.I.N: _____ Business Telephone Number: _____

Business Fax Number: _____ Business Email Address: _____

Owner/Manager's Name: _____ D.O.B: _____

Home Address: _____ Social Security # _____
 _____ Home Telephone No.: _____

Is This Your First Auto Glass License: ___Yes ___ No If No, Name/Address/License Number of former business: _____

List All Training and Experience you have in the industry: _____

Does this Business meet the Minimum Value Standard for Equipment, apparatus, and tools per Commercial Licensing Regulation 5, Section 4(D) (\$5,000)? NO _____ YES _____

FOR DRIVE IN AND COMBINATION SHOPS: LIST SQUARE FOOTAGE OF SHOP: _____

Do You: Own _____ Rent/Lease _____ The building listed above where the shop is located?

If you Rent, how long is the lease for? _____ (Include a copy of the rental agreement or lease)

If you rent/lease please provide the Name and contact information for the property owner if not on rental/lease agreement: _____

FOR MOBILE SHOPS: LIST PERMINATE LOCATION ADDRESS WHERE YOU WILL REPAIR/REPLACE GLASS IN INCLIMATE WEATHER: _____

Page 2 - Motor Vehicle Glass Repair Application

EPA HAZARDOUS WASTE GENERATORS PERMIT NUMBER: _____

List names and position (glass repair tech) or (non-glass repair tech) of all paid, unpaid employees or agents working at the business. *(Attach separate sheet if necessary)*

NAME	POSITION (circle one)
_____	Glass Repair Tech or Non-Glass Repair Tech
_____	Glass Repair Tech or Non-Glass Repair Tech
_____	Glass Repair Tech or Non-Glass Repair Tech
_____	Glass Repair Tech or Non-Glass Repair Tech
_____	Glass Repair Tech or Non-Glass Repair Tech

Name, Address, Phone Number, and Date of Birth, including their titles, for all partners, members, and officers, and stockholders, or anyone who has a financial interest in the business. *(Attach separate sheet if necessary)*

Have you, a partner, member, officer, or stockholder 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: NO _____ YES _____

Have you, a 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 surrendered in this state or any other state? If Yes, Please explain: NO _____ YES _____

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:

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PLEASE TAKE NOTICE: R. I. GENERAL LAWS § 5-38.5-14 "RESPONSIBILITY OF LICENSEE FOR ACTS OF AGENTS "IF A LICENSEE IS A FIRM OR CORPORATION IT IS SUFFICIENT CAUSE FOR SUSPENSION OR REVOCATION OF A LICENSE THAT ANY OFFICER, DIRECTOR, OR TRUSTEE OF THE FIRM OR CORPORATION OR ANY MEMBER, IN THE CASE 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 THAT PARTY AS AN INDIVIDUAL. EACH LICENSEE SHALL BE RESPONSIBLE FOR THE ACTS OF ANY SALESPERSONS OR ANY PERSON 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 is 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. You further certify that you are the principal owner, manager or authorized signatory and have sufficient authority to execute this application.

X _____ DATE: _____
SIGNATURE (PRINCIPAL OWNER/OR AUTHORIZED SIGNATORY)

If Partnership (signature of Additional partner) X _____ Date: _____

CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

INSTRUCTIONS

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 form 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 a picture identification with the date of birth listed. Hours of operation are 8:30 A.M. to 4:30 P.M.

To apply for a CHR by mail one must send a notarized copy of a photo ID that has a date of birth listed, a signed and notarized letter giving permission to the AG to conduct a background investigation along with a self-addressed stamped envelope.

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 for time for the DAG to process and generate your request. For further questions about this process please contact the DAG at (401) 274-4400.