



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

## **AUTO SALVAGE REPAIR LICENSING INFORMATION**

### **INSTRUCTIONS**

**You must have a valid Auto Body license prior to applying for Salvage Repair license**

**COMPLETE THE APPLICATION** and return with all required attachments as shown below.

**\*\*\* ATTACH THE FOLLOWING ON ALL APPLICATIONS \*\*\***

**LICENSE FEE** \$300 per Year (maximum of 3 years and \$900) Check or money order payable to "Rhode Island General Treasurer."

### **TECHNICIAN LIST**

### **PROOF OF QUALIFYING EDUCATION DOCUMENTS FOR 50% OF YOUR TECHNICIANS PER REGULATIONS 4 & 16**

[http://www.dbr.ri.gov/documents/rules/comm\\_licensing/Commercial\\_LicensingRegulation4.pdf](http://www.dbr.ri.gov/documents/rules/comm_licensing/Commercial_LicensingRegulation4.pdf)

[http://www.dbr.ri.gov/documents/rules/comm\\_licensing/Commercial\\_Licensing\\_Regulation\\_16.pdf](http://www.dbr.ri.gov/documents/rules/comm_licensing/Commercial_Licensing_Regulation_16.pdf)



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**APPLICATION FOR AUTO SALVAGE REPAIR LICENSE**

AUTO BODY LICENSE # \_\_\_\_\_

NAME OF AUTO BODY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

**Number of Technicians:** \_\_\_\_\_ Technician means anyone employed "who performs repairs of frame, structural systems, mechanical systems or the safety related systems of a Motor Vehicle (**For Salvage license, 50% of technicians must be qualified**)

**Name of Qualifying Technician(s) (Attach proof of education per Regulations 4 &16)**

\_\_\_\_\_  
\_\_\_\_\_

**Equipment Requirements for Motorcycles Only License:**

Each Applicant for a Motorcycles Only License shall have at its facility at least the following equipment:

- A minimum of two (2) motor vehicle lifts? Yes \_\_\_\_\_ No \_\_\_\_\_
- Appropriate welding equipment that meets or exceeds the manufacturer's requirements? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have (at the minimum a MIG Welder) Yes \_\_\_\_\_ No \_\_\_\_\_
- Appropriate hand tools that meet or exceed the manufacturer's requirements. 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 (use separate sheet, if necessary):

**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.**

X \_\_\_\_\_

**SIGNATURE OF PRINCIPAL OWNER**

DATE: \_\_\_\_\_

X \_\_\_\_\_

SIGNATURE OF PARTNER (IF BUSINESS IS A PARTNERSHIP)

DATE: \_\_\_\_\_