



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 REBUILDER'S INFORMATION SHEET

INSTRUCTIONS

Complete the application and return with all required attachments as shown below. Please note several documents require notary signature.

License fee of \$1200.00 Check or money order payable to: Rhode Island General Treasurer.

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

- EXPERIENCE AND/OR EDUCATION AFFIDAVIT FOR APPLICANT AND/OR AT LEAST FIFTY PERCENT (50%) OF ALL EMPLOYEES
- EQUIPMENT AFFIDAVIT
- COPY OF VALID AUTOMOBILE BODY REPAIR SHOP LICENSE
- TAX PAYER AFFIDAVIT
- ARTICLES OF INCORPORATION OR PARTNERSHIP PAPERS
Or copy of Secretary of State's webpage showing current Annual Report filing.

THIS IS YOUR SALVAGE REBUILDER RENEWAL

RENEWAL PERIOD: AUGUST 11, 2011 – AUGUST 10, 2014

*****RENEWAL INSTRUCTIONS*****

**APPLICATIONS MUST BE RETURNED TO THE DEPARTMENT
BEFORE JULY 10, 2011
TO ALLOW TIME FOR PROCESSING**

**IF YOU DO NOT PLAN TO RENEW YOUR LICENSE YOU MUST RETURN YOUR
CURRENT LICENSE, ALONG WITH YOUR UNUSED SALVAGE BOOKLETS WITH A
LETTER STATING THAT YOU ARE NOT RENEWING**

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

EVELYN FERRARA: (401) 462-9647 OR EMAIL AT: vvvvv@dbr.ri.gov

KIM PRECIOUS: (401) 462-9650 OR EMAIL AT: kkkkk@dbr.ri.gov



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APPLICATION FOR AUTO SALVAGE REBUILDER LICENSE

AUTO BODY LICENSE # _____ RI EPA NUMBER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

OWNER'S NAME: _____ DATE OF BIRTH: _____

OWNER'S ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____ EMAIL: _____

IS BUSINESS A: CORPORATION: YES _____ NO _____ PARTNERSHIP: YES _____ NO _____

PLEASE LIST ALL OFFICERS, PARTNERS, OR STOCKHOLDERS INCLUDING NAMES AND HOME ADDRESSES. INCLUDE A COPY OF CORPORATE OR PARTNERSHIP PAPERS: (Use separate sheet, if necessary)

PRESIDENT/PARTNER _____ D.O.B. _____

VICE PRESIDENT/PARTNER _____ D.O.B. _____

TREASURER/PARTNER _____ D.O.B. _____

SECRETARY/PARTNER _____ D.O.B. _____

THE UNDERSIGNED HEREBY APPLIES FOR LICENSE PURSUANT TO THE PROVISIONS OF R.I. GEN. LAW §31-46-1 *et seq.* AND ALL REGULATIONS PROMULGATED THEREUNDER AND MAKES OATH UNDER PENALTY OF PERJURY THAT THE REPRESENTATIONS MADE IN THIS APPLICATION, INCLUDING ALL SUPPLEMENTARY STATEMENTS HERETO ATTACHED ARE TRUE.

X _____ DATE: _____
SIGNATURE OF PRINCIPAL OWNER

X _____ DATE: _____
SIGNATURE OF PARTNER (IF BUSINESS IS A PARTNERSHIP)

SWORN TO BEFORE ME THIS _____ DAY OF _____ A.D., 20_____

NOTARY PUBLIC My Commission Expires:

Tel: 401-462-9506 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov



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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 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



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AFFIDAVIT OF EQUIPMENT REQUIREMENT
SALVAGE REBUILDER LICENSE

I, _____, of _____, _____
(Name of Applicant) Name of Auto Body) (License #)

affirm that the Auto Body Salvage Rebuilder Shop mentioned above is in possession of the listed
equipment complying with Commercial Licensing Regulation 7 of the State of Rhode Island regarding
Salvage Vehicle Repair License.

Required equipment at above listed address – please answer yes or no.

- (1) Electrical and /or hydraulic pulling equipment
(2) Current dimensional guides appropriate to vehicle being repaired
(3) Four (4) point clamping system to secure vehicle while making structural repairs
(4) Equipment/gauges capable of measuring symmetrical & asymmetrical vehicles
(5) Welding equipment to meet manufacturer’s requirements
(6) A paint system that can produce original equipment manufacturer’s type finish requirements

Equipment Requirements for Motorcycles Only License:

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

- (a) A minimum of two (2) motor vehicle lifts
(b) Appropriate welding equipment that meets or exceeds the manufacturer’s
requirements, but at a minimum shall include a MIG welder
(c) Appropriate hand tools that meet or exceed the manufacturer’s requirements.

Signed under penalty of perjury:

X _____ Date: _____
(Signature of Applicant)

Sworn to before me on this _____ day of _____, 20_____.

(Notary Public)

My Commission Expires:



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**AFFIDAVIT OF EXPERIENCE AND/OR EDUCATION REQUIREMENTS
APPLICANT OF SALVAGE REBUILDER LICENSE**

I, _____, owner/operator of _____
(Name of Applicant) (Name of Auto Body)

Auto Body License Number: _____, affirm that I have the experience and/or education requirements complying with Commercial Licensing Regulation 7 of the State of Rhode Island regarding Salvage Vehicle Repair as stated below and have attached all applicable documents.

I employ _____ employees who do salvage repair. Attached is/are the experience and/or education requirements for _____ employees. (50% of employees)

Please state how you meet each requirement:

(See following page for explanation of satisfactory means of completing requirements)

(a) Identification and Analysis of Damage to vehicles:

(b) Measuring Principles and Techniques:

(c) Straightening Systems and Techniques:

(d) Welding in Collision Repair:

(e) Replacement of Structural Parts:

(f) Restoring Corrosion Protection:

(g) Suspension, Steering, and Alignment

(h) Working with Mechanical and Electrical Parts:

Tel: 401-462-9506

Fax: 401-462-9645

TTY: 711

Web Site: www.dbr.ri.gov

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EXPERIENCE AFFIDAVIT APPLICANT CONTINUED...

Education and/or experience requirements must be satisfied by one (1) of the following:

- (1) Automotive Service Excellence (“ASE”) certification.
- (2) Minimum two (2) years experience as an auto technician, engine mechanic or automobile repairer and refinisher.
- (3) Inter-Industry Conference on Auto Collision Repair (“I-CAR”) certification.
- (4) Successful completion of courses approved by the Director and a minimum of one (1) year experience as an auto technician, engine mechanic or automobile repairer and refinisher.
- (5) Sufficient proper experience deemed acceptable by the Director.

Applicant who wishes to become certified by education must submit all certified copies of transcripts demonstrating courses completed and grades achieved, including detailed syllabi outlining the content of the courses and certificates of attendance and/or certificate of completion as applicable.

Applicant who wishes to use his/her experience must state how many years experience and how and where they obtained the experience.

Applicant will notify the Department of any changes of his/her employment and education/experience.

Signed under penalty of perjury: _____ Date: _____
(Signature of Applicant)

Sworn to before me on this _____ day of _____, 20____.

(Notary Public) My Commission Expires:



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**AFFIDAVIT OF EXPERIENCE AND/OR EDUCATION REQUIREMENTS
EMPLOYEE OF SALVAGE REBUILDER**

I, _____, employed at: _____
(Name of Employee) (Name of Auto Body)

affirm that I have the experience and/or education requirements complying with Commercial Licensing Regulation 7 of the State of Rhode Island regarding Salvage Vehicle Repair as stated below and have attached all applicable documents.

Please state how you meet each requirement:

(See following page for explanation of satisfactory means of completing requirements)

- (a) Identification and Analysis of Damage to vehicles:
- (b) Measuring Principles and Techniques:
- (c) Straightening Systems and Techniques:
- (d) Welding in Collision Repair:
- (e) Replacement of Structural Parts:
- (f) Restoring Corrosion Protection:
- (g) Suspension, Steering, and Alignment:
- (h) Working with Mechanical and Electrical Parts:



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EXPERIENCE AFFIDAVIT EMPLOYEE CONTINUED...

Education and/or experience requirements must be satisfied by one (1) of the following:

- (1) Automotive Service Excellence (“ASE”) certification.
- (2) Minimum two (2) years experience as an auto technician, engine mechanic or automobile repairer and refinisher.
- (3) Inter-Industry Conference on Auto Collision Repair (“I-CAR”) certification.
- (4) Successful completion of courses approved by the Director and a minimum of one (1) year experience as an auto technician, engine mechanic or automobile repairer and refinisher.
- (5) Sufficient proper experience deemed acceptable by the Director.

Employee who wishes to become certified by education must submit all certified copies of transcripts demonstrating courses completed and grades achieved, including detailed syllabi outlining the content of the courses and certificates of attendance and/or certificate of completion as applicable.

Employee who wishes to use his/her experience must state how many years experience and how and where they obtained the experience.

Employee will notify the Department of any changes of his/her employment and education/experience.

Signed under penalty of perjury: _____ Date: _____
(Signature of Employee)

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Sworn to before me on this _____ day of _____, 20____.

(Notary Public) My Commission Expires: