

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

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

located at: _____,
(street address, city, state, zip code)

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 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:

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.

(Signature of Applicant)

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

(Notary Public)

My Commision Expires: _____