



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

EXPERIENCE AND/OR EDUCATION AFFIDAVIT

I, _____, employed at: _____
(Name) (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 next to each category, how you meet each requirement:

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

1. Identification and Analysis of Damage to vehicles:
2. Measuring Principles and Techniques:
3. Straightening Systems and Techniques:
4. Welding in Collision Repair:
5. Replacement of Structural Parts:
6. Restoring Corrosion Protection:
7. Suspension, Steering, and Alignment:
8. Working with Mechanical and Electrical Parts:



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EXPERIENCE/EDUCATION AFFIDAVIT CONTINUED...

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

- (a) Automotive Service Excellence (“ASE”) certification.
- (b) Minimum two (2) years experience as an auto technician, engine mechanic or automobile repairer and refinisher.
- (c) Inter-Industry Conference on Auto Collision Repair (“I-CAR”) certification.
- (d) 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.
- (e) Sufficient proper experience deemed acceptable by the Director.
 - **Applicant or Employee who wishes to become licensed by education must submit all 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 or Employee who wishes to use his/her experience must state how many years experience and how and where they obtained the experience.**
 - **Applicant or Employee will notify the Department of any changes of his/her employment and education/experience.**

Signed under penalty of perjury:

_____ Date: _____
(Signature)