STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Avenue. Bldg. 69-2
Cranston, RI 02920
Telephone No. (401) 462-9520 **FAX No. (401) 462-9602**
www.dbr.ri.gov

INSTRUCTIONS AND APPLICATION FOR THE RENEWAL/REINSTATEMENT OF AN INDIVIDUAL MOTOR VEHICLE DAMAGE APPRAISER LICENSE

(Resident & Nonresident)

- **All resident appraisers must use www.nipr.com to renew the license.**
- Licensees may renew the license up to thirty (30) days past the expiration date with no late fees.
- Renewal fee is one check per application of **$150.00**.
- Reinstatement fee (Renewing the license thirty (30) days past the expiration date) **$200.00.** ($150.00 plus a $50.00 late fee)
- This form is only to be used for up to **one year** after the licensee's expiration date. After one year the licensee must apply as a new applicant.
- Checks or Money Orders are made payable to General Treasurer, State of Rhode Island
- Licensees are required to submit a letter of explanation and copies of supporting documentation for all background questions that have been answered "yes" on the application. If the renewal is completed online the explanation must be emailed to leeann.desilets@dbr.ri.gov If you are unable to email you may fax to the number listed above.
- Licensees completing a paper renewal form must complete the attached application, include the check or money order, and mail it to the Department's address listed above. Incomplete applications will be returned.

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updated August 2015

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MAIL TO: State of Rhode Island and Providence Plantations
Department of Business Regulation
Insurance Division
1511 Pontiac Avenue. Bldg. 69-2
Cranston, RI 02920

Individual Motor Vehicle Damage Appraiser License Renewal/Reinstatement Application

1 Soc. Security Number – –	2 Date of Birth	3 Home State & Home State License Number	4 If assigned National Producer Number (NP#)
5 Last Name JR./SR. etc		6 First Name	
7 Residence/Home Address (Physical Street)	8 P.O. Box	9 City	10 State / 11 Zip or Foreign Country
12 Business Entity's Name			
13 Business Address (Physical Street)	14 P.O. Box	15 City	16 State / 17 Zip or Foreign Country
18 Business Phone Number ( ) -	19 Business Fax Number ( ) -	20 Business E-Mail Address	21 Business Web Site Address
22 Mailing Address	23 P.O. Box	24 City	25 State / 26 Zip or Foreign Country

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Agency or Business Entity Affiliations

List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

FEIN _____ NPN _____ Name of Agency _____

Background Information

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1. Since the last renewal or initial application in this state, have you been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No___

"Crime" includes a misdemeanor , felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo ontender, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A_____ Yes_____ No _____

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____ Yes ____ No _____

If you answer yes, you must attach to this application:

a) a written statement explaining the circumstances of each incident,
b) a certified copy of the charging document, and
c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Since the last renewal or initial application in this state, have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Since the last renewal or initial application in this state, do you have a child support obligation in arrearage? Yes ___ No___

If you answer yes to Question 3, by how many months are you in arrearage? _____ Months

4. Since the last renewal or initial application in this state, are you the subject of a child support related subpoena or warrant? Yes ___ No___

Certification and Attestation

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1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting 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 me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

_____ Month Day Year

_____ Signature

_____ Full Legal Name (Printed or Typed)