MOTOR VEHICLE BODY LICENSE
APPLICATION AND INSTRUCTIONS

Applicants are ENCOURAGED to apply online at:  https://elicensing.ri.gov/

INSTRUCTIONS

Complete the application and return with all required attachments as shown below.

Three Year License fee of $900.00 Check or money order payable to: Rhode Island General Treasurer.

** ATTACH THE FOLLOWING **

- **CERTIFICATE OF INSURANCE**  Policy shall provide for bodily injury and property damage liability for five hundred thousand ($500,000) combined single limit,  and Garage Keepers Legal Liability for damage to customer property for one hundred thousand ($100,000) per occurrence.

- **EVIDENCE OF FIRE SAFETY APPROVAL**  Letter from local fire department or state fire marshal stating shop has been inspected for and is in compliance with all local and state laws/regulations/codes for fire, health, and safety. Letter must also confirm safety inspection and approval of spray booth and refinishing area for painting.

- **EVIDENCE OF ZONING APPROVAL**  Letter from city/town stating you comply with all zoning laws to operate an auto body shop in that location.

- **CRIMINAL HISTORY REPORT**  “CHR” for all owners, and managers.

- **TECHNICIAN CERTIFICATION**  proof of classes per compliance with Regulation 16

- **LETTER OF GOOD STANDING FOR CORPORATIONS AND LLC**

Notice to all applicants:

Your license number must appear on all business communications, estimates, signs, business cards and other written documentation related to that business.

Immediately notify the Department upon any change of information from your latest application. Transfers of owner or business location require a new application and must be approved in advance by the Department.

Inquire with your local city/town to verify if a local license is required in order for you to operate.

EPA HAZARDOUS WASTE GENERATORS PERMIT #: Application can be found on DEM website at: http://www.dem.ri.gov/programs/benviron/waste/pdf/epaidno.pdf

Per National Emission Standards For Hazardous Air Pollutants (NESHAP) subpart HHHHHH you must register your existence with the Department of Environmental Management (DEM)
For a brochure on this regulation please go to: http://www.epa.gov/ttn/atw/area/paint_stripb.pdf

Contact DEM regarding the Auto Body Repair Facilities voluntary self-certification program at: http://www.dem.ri.gov/programs/benviron/assist/abdycert/abdycert.htm
**APPLICATION FOR MOTOR VEHICLE BODY LICENSE**

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<th>TYPE OF APPLICATION:</th>
<th>NEW</th>
<th>RENEWAL</th>
<th>TRANSFER</th>
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**INDICATE WHICH TYPE OF AUTO BODY REPAIR LICENSE**

- FULL COLLISION _______
- LIMITED HEAVY TRUCK AND EQUIPMENT _______
- LIMITED PAINT, RESTORATION, CUSTOMIZATION _______
- SPECIAL USE _______

**FOR NEW APPLICATION:** IS THIS YOUR FIRST AUTO BODY LICENSE? YES _____ NO ______

If NO, PLEASE LIST NAME OF FORMER BUSINESS AND LICENSE NUMBER:

______________________________________________________________________________________________________

**OWNER'S NAME:**__________________________________________________________ D.O.B:_________________

**OWNER'S ADDRESS:**_______________________________________________________ PHONE#:_________________

**BUSINESS NAME:**_________________________________________________________ Social Security #___________

Include DBA if Applicable: ____________________________________________________ FEIN: _______________

**BUSINESS STREET ADDRESS:** _______________________________________________

**BUSINESS CITY/STATE/ZIP CODE:** __________________________________________

**BUSINESS PHONE:** ____________________ FAX: ________________________

**E-MAIL ADDRESS:** ______________________________________________________

______________________________________________________________________________________________________

Is business a: Sole Proprietor ________ Partnership ________

Corporation ________ LLC ________ Other ________

Name, Address, Phone Number, and Date of Birth for all partners, members, and officers – including their titles. *(Attach separate sheet if necessary)*

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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______________________________________________________________________________________________________
MOTOR VEHICLE BODY LICENSE APPLICATION-PAGE 2:

DO YOU OWN OR RENT PROPERTY BUSINESS IS LOCATED ON?  ______ OWN    ______ RENT
If you Rent, how long is the lease for?  _______________  (INCLUDE A COPY OF THE RENTAL AGREEMENT OR LEASE)

NAME, ADDRESS and TELEPHONE NUMBER OF PROPERTY OWNER:
______________________________________________________________________________________________________

DO YOU CURRENTLY HOLD A LICENSE FOR?

MOTOR VEHICLE DEALER:  YES_______ NO_______ IF YES, LICENSE # ___________
APPRAISER/ADJUSTER:  YES_______ NO_______ IF YES, LICENSE # ___________

EPA HAZARDOUS WASTE GENERATORS PERMIT # __________________________

DO YOU MEET MINIMUM VALUE STANDARDS FOR EQUIPMENT, APPARATUS, AND TOOLS PER COMMERCIAL LICENSING REGULATION 4, SECTION 4(D) FOR APPLICABLE LICENSE TYPE?

YES_______  NO_______

SPACE REQUIREMENT: LICENSEES MUST PERFORM REPAIRS INSIDE AT A FIXED LOCATION WITH AT LEAST 4000 SQUARE FEET OF HEATED GROUND LEVEL FLOOR SPACE.

INDICATE SQUARE FOOTAGE OF SHOP:  _______________

DESCRIBE SECURED STORAGE AREA FOR DAMAGED VEHICLES:
___________________________________________________________________________________________________________

LIST NAME AND POSITION (TECHNICIAN*, CERTIFIED TECHNICIAN**, SHOP EMPLOYEE) OF ALL PAID OR UNPAID, FULL OR PART-TIME EMPLOYEES, OR AGENTS WORKING AT THE BUSINESS:  (Use separate sheet, if necessary)

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*Technician means an individual employed by an Automobile body Shop who performs repairs of frame, structural systems, mechanical systems or the safety related systems of a Motor Vehicle.

*ATTACH PROOF OF ALL CLASSES FOR EACH CERTIFIED TECHNICIAN
MOTOR VEHICLE BODY LICENSE APPLICATION – PAGE 3:

AUTO BODY EQUIPMENT

Per Commercial Licensing Regulation 4 - Every Licensee must maintain equipment, apparatus, and tools, as described in Section 4(B)(1)(a-g), Section 4(B)(2)(a-c) and Section 4(B)(3)(a-c), as applicable, in order to meet the minimum standards required for issuance and renewal of the license. Mark “Yes” or “No” Below

Include model name and number below:

_____ Electrical and/or hydraulic pulling equipment? ________________________________

_____ Current dimensional guides appropriate to vehicle being repaired? ________________

_____ Four (4) point clamping system to secure vehicle while making structural repairs? ____________________

_____ Equipment/gauges capable of measuring symmetrical & asymmetrical vehicles simultaneously - (3-D)? ________________

_____ Appropriate welding equipment to meet manufacturer’s requirements? ________________

_____ A paint system or access to a paint system capable of producing original equipment manufacturer’s requirements? ____________________________________

_____ A spray booth that conforms to the requirements of the State Fire Codes? ________________

_____ Do you have HVLP Spray guns that meet current EPA requirements? ________________

_____ Do you have a refinishing area that complies with safety and environmental regulations?

_____ Do you have appropriate hand tools that meet or exceed the manufacturer’s requirements?

_____ Parking in compliance with local laws and regulations to perform the repair work?

_____ Have you completed the Auto Body Repair Facilities self-certification program with The Department of Environmental Management?

=============================================================================================================  

Special Use License Only: In addition to the equipment listed above, identify all activities and types of repairs you plan to perform:

Will you be painting? YES______ NO _____ Make and Model of Paint Booth: __________________________
PER COMMERCIAL REGULATION 4, SECTION 4 F (i): HAVE YOU, AN EMPLOYEE, MANAGER, PARTNER, MEMBER, OFFICER, OR STOCKHOLDER EVER BEEN CONVICTED OF, OR EVER BEEN A PARTY IN ANY PROCEEDINGS (CIVIL, CRIMINAL OR OTHERWISE), IN ANY CRIMINAL FELONY INVOLVING DISHONESTY, BREACH OF TRUST, EMBEZZLEMENT, OBTAINING MONEY UNDER FALSE PRETENSES, BRIBERY, LARCENY, EXTORTION, CONSPIRACY TO DEFRAUD, FRAUD, FALSE DEALING OR ANY SIMILAR OFFENSE IN RHODE ISLAND OR ANY OTHER STATE?

IF YES, EXPLAIN: (use separate sheet, if necessary)

YES_______ NO ______

Have you previously reported this to the Department? NO_______ YES _______ DATE: ____________

HAVE YOU, AN EMPLOYEE, MANAGER, PARTNER, MEMBER, OFFICER, OR STOCKHOLDER EVER BEEN INVOLVED IN ANY MOTOR VEHICLE REPAIR BUSINESS WHICH HAD AN APPLICATION FOR A LICENSE DENIED OR HAD A LICENSE SUSPENDED, REVOKED OR HAD DISCIPLINARY ACTION TAKEN AGAINST A LICENSE HELD IN RHODE ISLAND OR ANY OTHER STATE?

IF YES, EXPLAIN: (Use separate sheet, if necessary)

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:

PLEASE TAKE NOTE OF R.I. GEN. LAW § 5-38-11 WHICH READS:

RESPONSIBILITY OF LICENSEE FOR ACTS OF AGENTS " IF A LICENSEE IS A FIRM OR CORPORATION IT SHALL BE SUFFICIENT CAUSE FOR SUSPENSION OR REVOCATION OF A LICENSE IF ANY OFFICER, DIRECTOR, OR TRUSTEE OF THE FIRM OR CORPORATION OR ANY MEMBER OF A PARTNERSHIP, SHALL HAVE BEEN FOUND BY THE DEPARTMENT GUILTY OF ANY ACT OR OMISSION WHICH WOULD BE CAUSE FOR REFUSING, SUSPENDING OR REVOKING A LICENSE TO SUCH PARTY. EACH LICENSEE SHALL BE RESPONSIBLE FOR THE ACTS OF ANY SALESMAN OR ANY DRIVE-AWAY TOW-AWAY OPERATOR ACTING AS THE AGENT FOR THAT LICENSEE, AND FOR THE ACTS OF ANY SALESPERSON, ESTIMATOR OR OTHER EMPLOYEE ACTING AS THE AGENT FOR THAT LICENSEE.

Do you certify, under the pains and penalties of perjury, that all information you have provided in this application including all other licensing requirement documents are 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. Application must be signed by owner, or authorized signatory if owner is a corporation, or if business is a partnership – all partners must sign. You further certify that you are the principal owner, manager or authorized signatory and have sufficient authority to execute this application.

X __________________________________________ DATE: __________

SIGNATURE OF OWNER OR AUTHORIZED SIGNATORY

X __________________________________________ DATE: __________

SIGNATURE OF ADDITIONAL PARTNER (IF PARTNERSHIP)
CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

Submit with the application a Criminal History Record (“CHR”) from the State of Rhode Island for all owners, and managers. If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.

A Rhode Island CHR may be obtained by contacting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General (“DAG”). One may contact the DAG in person by visiting 150 South Main Street, Providence, Rhode Island. To apply for a CHR in this manner, one must bring picture identification with the date of birth listed. Hours of operation are 8:30 A.M. to 4:30 P.M. Monday through Friday.

To apply for a Rhode Island CHR by mail, one must mail to the DAG: a notarized copy of a photo ID that has a date of birth listed, a signed and notarized letter giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope, and the $5.00 fee.

The cost for a CHR, whether applying in person or by mail, is five dollars ($5.00) and payable by check or money order to “BCI”. Please allow time for the DAG to process and generate your request. For further questions about this process please contact the DAG at (401) 274-4400.
Division of Commercial Licensing and Racing and Athletics

Technician Certification -- Approved Class List

Approved minimum requirements for the certification of motor vehicle body repair technicians:
One technician per every five shop employees need certification. Technicians need to take one class per section. All certifications must be maintained and current throughout the term of the license.

Section I Identification and Analysis of Damage to Vehicles:
- I-Car: DAM01, DAM01E, DAM08, DAM08E, DAM12, DAM12E, BLU01, FCR01
- ASE: Test B6
- P & Consultants: Collision Damage Repair & Estimating

Section II Frame Measuring and Straightening Systems and Techniques:
- I-Car: MEA01
- ASE: Test B4
- P & L Consultants: Structural Measuring and Realignment

Section III Welding in Collision Repair:
- I-Car: SPS05, WCS03, WCS04, WCS06E, WCA03
- ASE: Test B3
- P & L Consultants: Collision Repair: Welding and Joining Methods
- Lombard Equipment: Pro Spot Resistance Spot Welding & Mig Steel Welding Course

Section IV Structural Steel Repairs:
- I-Car: SPS07, SPS09, SPS10, SPS11, SSS01, AHS01
- ASE: Test B4
- P & L Consultants: Structural Measuring and Realignment

Section V Suspension, Steering, and Alignment Systems:
- I-Car: STE02, STE03, DAM06, DAM15
- ASE: Test B5
- P & L Consultants: Steering and Suspension Systems

Section VI Safety Restraint Systems:
- I-Car: DAM11, DAM11E, RES01, RES02
- ASE: Test B5
- P & L Consultants: Supplementary Restraint Systems

Section VII Corrosion Protection:
- I-Car: CPS01
- ASE: Test B2
- SEM: Automotive Corrosion Protection
- 3M: Seam Sealers and Corrosion Protection
- P & L Consultants: Damage Assessor aka Estimator Structural Repair Technician (Steel & Aluminum) Non-Structural Cosmetic Repair Technician Refinish Technician

Any other classes, courses, or training taken from any school, OEM, or Equipment manufacturer should be submitted for approval. Class list was updated 10/28/15. When signing up for classes make sure to consult the most current list from the Department.