STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
Division of Commercial Licensing
and Racing and Athletics

John O. Pastore Center
1511 Pontiac Ave, Building 69-1
Cranston, RI 02920-0942

Telephone (401) 462-9506
FAX (401) 462-9645
TTY: 711
www.dbr.ri.gov

AUTO BODY REPAIR SHOPS
APPLICATION AND INSTRUCTIONS
DECEMBER 31, 2009 - DECEMBER 31, 2012

INSTRUCTIONS

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

License fee of $900.00 ($300.00 a year) Check or money order payable to the Rhode Island General Treasurer. Fees may be pro-rated after the first year for new applicants. Please call for correct fee.

***** ATTACH THE FOLLOWING ON ALL NEW, RENEWAL, AND TRANSFERS *****

- **CERTIFICATE OF INSURANCE,** issued by an insurance company authorized to transact business in this state, showing the applicant has a policy insuring against liability for injury to persons and damage to property, which may be caused by the operation of an automobile repair shop. Such policy shall provide **Liability** against bodily injury in the sum of not less than three hundred thousand ($300,000) per person and six hundred thousand ($600,000) per occurrence; and liability for property damage of not less than three hundred thousand ($300,000) per occurrence ***and*** **Garage Keepers Liability** for damage to customer property in the amount of not less than one hundred thousand ($100,000) per occurrence. ***Such insurance shall be non-cancelable by either party to the contract except with five days prior written notice to the Department.***

- **EVIDENCE OF FIRE SAFETY APPROVAL.** From local fire department stating shop has been inspected and complies with all local and state fire, health and safety laws and regulations.

- **EVIDENCE OF ZONING APPROVAL**. From city or town stating you comply with all local and state zoning laws and Regulations to operate an auto body shop in that location.

- **TAX PAYER STATUS AFFIDAVIT.** Per Rhode Island General Law §5-76, all persons applying or renewing any license to conduct a business or occupation in the state are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license. Tax affidavit found on page 10 of this application.

- **CRIMINAL HISTORY REPORT.** "CHR" for all owners and managers. Instructions on next page.

- **EPA PERMIT NUMBER**. Copy of Permit or Letter from The Department of Environmental Management "DEM" stating your permit number.

***** ATTACH THE FLOWING FOR NEW AND TRANSFER APPLICATIONS *****

- **AFFIDAVIT OF COMPLIANCE**. Complete corresponding affidavit for license type. Instructions on next page.

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TECHNICIAN CERTIFICATION: EFFECTIVE JANUARY 1, 2012 YOU MUST BE IN COMPLIANCE WITH REGULATION 16 – AUTOMOBILE BODY REPAIR TECHNICIAN CERTIFICATION AND SUBMIT THE TECHNICIAN CERTIFICATION FORM ATTACHED ON ALL NEW AND RENEWAL APPLICATIONS. (See page 11 for more details.)

Attention Applicant:

On New and Transfer Applications, Please indicate on the application which of the four (4) types of Motor Vehicle Body Repair License you are applying for and **submit the corresponding affidavit**:

1) **Full Collision Repair License** – This License permits a Licensee to perform all types of Motor Vehicle Body Work. In addition to completing the application, applicant must submit **Affidavit # 1** (Found on Page 6)

2) **Limited Heavy Truck and Equipment License** – This License permits the refinishing and body repair work of trucks over the GVW (gross vehicle weight) of 24,000 pounds, cranes, trailers or other equipment. In addition to completing the application, applicant must submit **Affidavit # 2** (Found on Page 7)

3) **Limited Paint, Restoration and Customization License** – This License permits restoration or customization of automobiles, but not collision damaged vehicles. In addition to completing the application, applicant must submit **Affidavit # 3** (Found on Page 8)

4) **Special Use License** – This License permits limited, specially identified activities not covered in the other licenses within the definition of Motor Vehicle Body Work as previously approved by the Department. In addition to completing the application, applicant must submit **Affidavit # 4** with a detailed explanation describing exactly what work will be preformed and what equipment will be used. Application may be submitted to the Auto Body Board for further review prior to Departmental approval. If granted this type of license, you will be restricted to the exact work approved by the Department. The Department will inform the applicant of other requirements, if necessary, to obtain a Special Use License. (Found on Page 9)

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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.

To apply for a Rhode Island CHR by mail, one must send 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. 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.

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APPLICATION FOR AUTO BODY REPAIR SHOP

DECEMBER 31, 2009 - DECEMBER 31, 2012

TYPE OF APPLICATION: _____ **NEW** _____ **RENEWAL** _____ **TRANSFER**

INDICATE WHICH AUTO BODY REPAIR LICENSE APPLICATION IS FOR:

FULL COLLISION REPAIR _____
LIMITED HEAVY TRUCK AND EQUIPMENT _____
LIMITED PAINT, RESTORATION, CUSTOMIZATION _____
SPECIAL USE _____

OWNER'S NAME_____ **D.O.B**_____

OWNER'S ADDRESS_____ **HOME PHONE#**_____

BUSINESS NAME_____

BUSINESS ADDRESS_____ **BUSINESS PHONE#**_____

CITY/STATE/ZIP CODE_____

DO YOU OWN OR RENT PROPERTY BUSINESS IS LOCATED ON? _____ **OWN** _____**RENT**
If you Rent, how long is the lease for? _____

IS THIS YOUR FIRST AUTO BODY LICENSE? _____ **YES** _____ **NO**
If NO, Please list name of former business and license number:

DO YOU CURRENTLY HOLD A LICENSE FOR?

VEHICLE DEALER: **YES**_____ **NO**_____ **IF YES, LICENSE #** _____

APPRAISER/ADJUSTER: **YES**_____ **NO**_____ **IF YES, LICENSE #** _____

NAME OF INSURANCE COMPANY SUPPLYING GARAGE KEEPERS INSURANCE: (Attach certificate of insurance)

_____

POLICY #: _____ **EXPIRATION DATE:** _____ **LIMITS:** _____

DO YOU MEET ALL LOCAL AND STATE ZONING REQUIREMENTS? **YES** _____ **NO** _____
(Attach copy of zoning certificate or letter, on new and transfer applications)

HAVE YOU BEEN INSPECTED FOR AND ARE YOU IN COMPLIANCE WITH ALL LOCAL AND STATE LAWS AND REGULATIONS FOR FIRE, HEALTH AND SAFETY? **YES** _____ **NO** _____

*****ATTACH EVIDENCE OF FIRE SAFETY APPROVAL FROM LOCAL FIRE DEPARTMENT STATING SHOP HAS BEEN INSPECTED AND COMPLIES WITH ALL LOCAL AND STATE FIRE, HEALTH AND SAFETY LAWS INCLUDING APPROVAL AND INSPECTION OF SPRAY ROOM AND PAINT BOOTH*****

EPA HAZARDOUS WASTE GENERATORS PERMIT # _____
(Attach copy of permit or letter from DEM on new and transfer applications)

STATE SALES TAX PERMIT #_____ (Attach copy of permit)

DOES YOUR CITY OR TOWN REQUIRE A BUSINESS LICENSE?
(If YES, attach a copy of current license) YES _____ NO _____

DOES YOUR CITY OR TOWN REQUIRE A BODY SHOP LICENSE?
(If YES, attach a copy of current license) YES _____ NO _____

MINIMUM VALUE: EVERY LICENSEE MUST MAINTAIN A SERVICE REPAIR SHOP AND/OR VEHICLES AND RELATED TOOLS AND EQUIPMENT COLLECTIVELY HAVING A MINIMUM VALUED OF $10,000.00:
INDICATE APPROXIMATE VALUE: _____

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 VEHICLE/S (Use separate sheet, if necessary)

LIST NAMES AND ADDRESSES OF ALL PAID OR UNPAID, FULL OR PART-TIME EMPLOYEES, OR AGENTS WORKING AT THE BUSINESS: (Use separate sheet, if necessary)

_____

_____

IS BUSINESS A PARTNERSHIP? YES_____ NO_____

IF YES, LIST NAMES AND ADDRESSES OF ALL PARTNERS: (Use separate sheet, if necessary)

IS BUSINESS A LIMITED LIABILITY COMPANY? YES _____ NO _____

IF YES, PLEASE LIST NAMES AND ADDRESSES OF MEMBERS: (Use separate sheet, if necessary)

IS BUSINESS A CORPORATION? YES_____ NO_____

IF YES, LIST OFFICERS NAMES AND ADDRESSES and INCLUDE A COPY OF INCORPORATION PAPERS.

PRESIDENT_____D.O.B._____

HOME ADDRESS_____

VICE PRESIDENT_____ D.O.B._____

HOME ADDRESS_____

TREASURER_____D.O.B._____

HOME ADDRESS_____

SECRETARY_____D.O.B._____

HOME ADDRESS_____

LIST ANY AND ALL STOCKHOLDERS NAMES, ADDRESSES, AND NUMBER OF SHARES OWNED (Use separate sheet, if necessary).

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?

YES_____ NO _____

IF YES, PLEASE GIVE PERTINENT DETAILS: (use separate sheet, if necessary)

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 SURRENDERED OR HAD DISCIPLINARY ACTION TAKEN AGAINST A LICENSE HELD IN RHODE ISLAND OR ANY OTHER STATE?

YES _____ NO_____

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

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.

HAVE YOU READ AND DO YOU UNDERSTAND THE PROVISIONS OF TITLE 5, CHAPTER 38 OF THE GENERAL LAWS OF RHODE ISLAND AND ALL REGULATIONS PROMULGATED THEREUNDER PERTAINING TO THE OPERATION OF AN AUTO BODY REPAIR SHOP?

Yes_____ No_____

THE UNDERSIGNED HEREBY APPLIES FOR LICENSE PURSUANT TO THE PROVISIONS OF TITLE 5, CHAPTER 38 OF THE RHODE ISLAND GENERAL LAWS AND ALL REGULATIONS PROMULGATED THEREUNDER AND MAKE S 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/OR AUTHORIZED SIGNATORY

PRINT NAME_____ TITLE:_____

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

X_____ MY COMMISSION EXPIRES:

NOTARY PUBLIC

(AFFIX NOTARY SEAL)

AFFIDAVIT OF COMPLIANCE FORM #1
FULL COLLISION AUTO BODY LICENSE

I,_____, of _____
(Applicant name) (Name of Auto Body)

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

affirm that the Auto Body Shop mentioned above is in possession of the listed equipment complying with Commercial Licensing Regulation 4 of the State of Rhode Island regarding a Full Collision Auto Body License.

(1) Electrical and /or hydraulic pulling equipment (4) point clamp system:

Manufacture: _____ Model: _____

(2) Current dimensional guides: Manufacture or publication company: _____

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

Manufacture: _____ Model: _____

(4) Welding equipment to meet manufacturer's requirements:

(Mig) Manufacture: _____ Model: _____

(Resistance welder) Manufacture:_____ Model: _____

(5) A paint system or access to paint system capable of producing original manufactures' requirements:

Name of Paint company: _____

Name of paint system manufacturer: _____ Model: _____

(6) HVLP Paint guns that meet current EPA standards:

Manufacture: _____ Model: _____

(7) Have you completed the Auto Body Repair Facilities self-certification program with The Department of Environmental Management? _____Yes _____No

(8) Do you have Parking in compliance with local laws and regulations to perform the repair work?

Yes _____ No _____ Size of parking lot: _____

==========

Signed under penalty of perjury:

X _____
(Signature of Applicant)

Sworn to before me on this _____day of_____, 20____.

X_____ My Commission Expires:
Notary Public

(Affix Notary Seal)

AFFIDAVIT OF COMPLIANCE FORM #2
LIMITED HEAVY TRUCK AND EQUIPMENT AUTO BODY LICENSE

I,_____, of _____
(Applicant name) (Name of Auto Body)

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

affirm that the Limited Heavy Truck and Equipment Auto Body Shop mentioned above is in possession of the listed equipment complying with Commercial Licensing Regulation 4 of the State of Rhode Island regarding a Limited Heavy truck and equipment Auto Body License.

(1) Welding equipment to meet manufacturer's requirements:

(Mig) Manufacture: _____ Model: _____

(2) A paint system or access to paint system capable of producing original manufactures' requirements:

Name of Paint company: _____

Name of paint system manufacturer: _____ Model: _____

(3) HVLP Paint guns that meet current EPA standards:

Manufacture: _____ Model: _____

(4) Have you completed the Auto Body Repair Facilities self-certification program from The Department of Environmental Management? _____Yes _____ No

(5) Do you have Parking in compliance with local laws and regulations to perform the repair work?

YES _____ NO _____ Size of parking lot: _____

==========

Signed under penalty of perjury

X_____
(Signature of Applicant)

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

X_____ My Commission Expires:
Notary Public

(Affix Notary Seal)

AFFIDAVIT OF COMPLIANCE FORM #3
LIMITED PAINT, RESTORATION AND CUSTOMIZATION AUTO BODY LICENSE

I,_____, of _____
(Applicant name) (Name of Auto Body)

Located at:_____
(Street address, city, state, zip code)

affirm that the Limited Paint, Restoration and Customization Auto Body Shop mentioned above is in possession of the listed equipment complying with Commercial Licensing Regulation 4 of the State of Rhode Island regarding a Limited Paint, Restoration and Customization Auto Body License.

(1) Welding equipment to meet manufacturer's requirements:

(Mig) Manufacture: _____ Model: _____

(2) A paint system or access to a paint system capable of producing original manufactures' requirements:

Name of Paint company: _____

Name of paint system manufacturer: _____ Model: _____

(3) HVLP Spray guns that meet current EPA requirements:

Manufacture: _____ Model: _____

(4) Have you completed the Auto Body Repair Facilities self-certification program with The Department of Environmental Management? _____ Yes _____ No

(5) Do you have Parking in compliance with local laws and regulations to perform the repair work?

Yes _____ No_____ Size of parking lot: _____

==========

Signed under penalty of perjury

X_____
(Signature of Applicant)

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

X_____ My Commission Expires:
Notary Public

(Affix Notary Seal)

AFFIDAVIT OF COMPLIANCE FORM #4
SPECIAL USE AUTO BODY LICENSE

The Department will inform the applicant of any other requirements necessary to obtain a Special Use License

I,_____, of _____
(Applicant name) (Name of Auto Body)

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

affirm that the Special Use Auto Body Shop mentioned above is in possession of the listed equipment and will perform activates describe below complying with Commercial Licensing Regulation 4 of the State of Rhode Island regarding a Special Use Auto Body License.

(1) Identify all activities and types of repairs you plan to perform: (Attach additional paper if needed):
_____

_____

_____

(2) Identify by manufacturer and model all equipment you plan to use: (Attach additional paper if needed):
_____

_____

_____

(3) Will you be painting? Yes _____ No _____ If yes, do you have access to a paint system capable of producing original manufactures' requirements?

Name of Paint company: _____

Name of paint system manufacturer: _____ Model: _____

(4) HVLP Spray guns that meet current EPA requirement:

Manufacture: _____ Model: _____

(5) Have you completed the Auto Body Repair Facilities self-certification program with The Department of Environmental Management? _____ Yes _____ No

(6) Do you have Parking in compliance with local laws and regulations to perform the repair work?

Yes _____ No _____ Size of parking lot: _____

==========

Signed under penalty of perjury X_____
(Signature of Applicant)

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

X_____ My Commission Expires:
(Notary Public)

(Affix Notary Seal)

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 completed 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_____

NOTE: IF YOU DO NOT SIGN THIS DECLARATION YOUR APPLICATION CANNOT BE PROCESSED. PLEASE CALL THE DEPARTMENT WITH ANY QUESTIONS.

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TECHNICIAN CERTIFICATION

Effective January 1, 2012, Commercial Licensing Regulation 16- Motor Vehicle Body Repair Technician Certification states: **Upon submission of a new or renewal application** for a Motor Vehicle Body Repair License, each Applicant must certify under the penalty of perjury to the Department that it has in its employ one (1) technician certified in following six (6) areas: **i)** Identification and Analysis of Damage to Vehicles; **ii)** Frame Measuring and Straightening Systems and Techniques; **iii)** Welding in Collision Repair; **iv)** Structural Steel Repairs; **v)** Suspension, Steering, and Alignment Systems; and **vi)** Safety Restraint Systems: for every five (5) shop employees.

Applicant must maintain a record of certification for each technician in its employ. Such documentation must include the technician's transcript and related certifications, and must be readily available. ***The Department will make routine inspections of certification documents in person or request copies by mail.

I,_____, of _____
(Applicant name) (Name of Auto Body)

employ _____ employees at the Body Shop mentioned above. I affirm that
(Number of employees)

_____ is certified in each of the six (6) areas mentioned above.
Name of technician

_____ is certified in each of the six (6) areas mentioned above.
Name of technician

_____ is certified in each of the six (6) areas mentioned above.
Name of technician

_____ is certified in each of the six (6) areas mentioned above.
Name of technician

Use additional forms if space provided is insufficient.

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I CERTIFY UNDER PENALTY OF PERJURY THE REPRESENTATIONS MADE ABOVE ARE TRUE.

X _____ **Date:** _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ **DAY OF** _____ **A.D. 20** _____

X_____ **MY COMMISSION EXPIRES:**
NOTARY PUBLIC

(AFFIX NOTARY SEAL)