



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

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TTY: 711

www.dbr.ri.gov

AUTO SALVAGE REBUILDER'S INFORMATION SHEET
Renewal 08/11/2008-08/10/2011

1) A list of your employees, the courses they have completed and the school or association which conducted the training. At least fifty percent (50%) of all employees or agents must be certified in each of the following areas:

- a) Identification and Analysis of Damage to vehicles;
- b) Measuring Principals and Techniques;
- c) Straightening Systems and Techniques;
- d) Weld in Collision Repair;
- e) Replacement of Structural Parts;
- f) Restoring Corrosion Protection;
- g) Suspension, Steering, and Alignment; and
- h) Working with Mechanical and Electrical parts.

The education requirements may be satisfied by one of the following:

- a) Automotive Service Excellence ("ASE") certification
- b) A minimum of two (2) years of hand on working experience as an auto technician, engine mechanic, and automobile repairer and refinisher.
- c) Inter-Industry Conference on Auto Collision Repair ("ICAR") certification in those areas required above.
- d) Successful completion of courses approved by the Director and a minimum of one (1) year's experience.
- e) Prior experience deemed acceptable by the Director.

2) Proof of your possession of the equipment listed below:

- a) Electrical and/or hydraulic pulling equipment.
- b) Current dimensional guides appropriate to the vehicles being repaired.
- c) A four (4) point clamping system to secure the vehicle while making structural repairs.
- d) Equipment/gauges capable of measuring symmetrical and asymmetrical vehicles.
- e) Appropriate welding equipment that meets or exceeds the manufacturer's requirements, but at a minimum shall include a MIG welder.
- f) A refinishing area that complies with safety, environmental, and legal regulations.
- g) A paint system that can produce an original equipment manufacturer's type finish. (Base Coat/Urethane Clear Coat).

3) A check for \$1,200.00 (three year license)

4) Copy of valid Automobile Body Repair Shop License

5) EPA Number

6) Tax payer Affidavit

New-autosalvage-appinstructions08/11
Revised 09/01/2009



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APPLICATION FOR AN AUTO SALVAGE REBUILDER LICENSE
August 11, 2008 – August 10, 2011

(IN ACCORDANCE WITH TITLE 31, CHAPTER 46, OF THE RHODE ISLAND GENERAL LAWS)

AUTO BODY LICENSE NUMBER _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

CITY/ZIP CODE _____

BUSINESS PHONE _____ HOME PHONE _____

CORPORATION: YES _____ NO _____ PARTNERSHIP: YES _____ NO _____

PLEASE LIST ALL OFFICERS, PARTNERS, OR STOCKHOLDERS INCLUDING NAMES AND HOME ADDRESSES. INCLUDE A COPY OF CORPORATE OR PARTNERSHIP PAPERS: (Use separate sheet, if necessary)

PRESIDENT/PARTNER _____ D.O.B. _____

TREASURER/PARTNER _____ D.O.B. _____

SECRETARY/PARTNER _____ D.O.B. _____

SIGNATURE OF PRINCIPAL OWNER _____ DATE _____

PLEASE PRINT NAME BELOW SIGNATURE _____

TITLE _____ ADDRESS _____

SEAL OF NOTARY PUBLIC: SUBSRIBED AND SWORN TO AT _____

BEFORE ME THIS _____ DAY OF _____ A.D., 20 _____

NOTARY PUBLIC _____

CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENT

INSTRUCTIONS

Submit with the application a Criminal History Record ("CHR") from the State of Rhode Island. A 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 a 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 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 AG 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 for time for the DAG to process and generate your request. For further questions about this process please contact the DAG at (401) 274-4400.



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 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 _____