



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

AUTO BODY REPAIR SHOPS
APPLICATION AND INSTRUCTIONS

INSTRUCTIONS

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

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 six hundred thousand (\$600,000) 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 inspection and approval for spraying.
- **EVIDENCE OF ZONING APPROVAL** Letter from city/town stating you comply with all zoning laws to operate an auto body shop in that location.
- **TAX PAYER AFFIDAVIT**
- **CRIMINAL HISTORY REPORT** "CHR" for all owners, managers, and corporate officers.
- **EQUIPMENT AFFIDAVIT** Complete corresponding affidavit for license type. (Instructions on next page)
- **TECHNICIAN CERTIFICATION AFFIDAVIT** COMPLIANCE WITH REGULATION 16
- **EPA HAZARDOUS WASTE GENERATORS PERMIT #** Application can be found on DEM website at: <http://www.dem.ri.gov/programs/benviron/waste/pdf/epaidno.pdf>

Notice to all applicants:

Immediately notify the Department upon any change of information on your latest application.

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

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>

Attention Applicant:

Indicate on the application which type of Motor Vehicle Body Repair License you are applying for and **submit the corresponding equipment affidavit:** (Only 1 affidavit is required to be returned)

- 1) **Full Collision Repair** – 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** (Page 6)
- 2) **Limited Heavy Truck and Equipment** – 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** (Page 7)
- 3) **Limited Paint, Restoration and Customization** – This License permits restoration or customization of automobiles, but not collision damaged vehicles. In addition to completing the application, applicant must submit **Affidavit # 3** (Page 8)
- 4) **Special Use** – 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** (page 9) with a detailed explanation describing exactly what work will be performed 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.

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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, managers, and corporate officers**. 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 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

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

NAME AND ADDRESS OF PROPERTY OWNER:

IF THIS IS A NEW APPLICATION, 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 # _____

DO YOU MEET ALL LOCAL AND STATE ZONING REQUIREMENTS? YES _____ NO _____

(Attach copy of zoning certificate)

HAVE YOU BEEN INSPECTED FOR AND ARE YOU IN COMPLIANCE WITH ALL LOCAL AND STATE LAWS, REGULATIONS, AND CODES FOR FIRE, HEALTH, AND SAFETY - INCLUDING SPRAYING/PAINTING?

YES _____ NO _____

(IF YES, ATTACH LETTER FROM LOCAL FIRE DEPARTMENT, OR STATE FIRE MARSHAL)

Auto body application-Page 2:

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 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 AND TELEPHONE NUMBER 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, DOB, AND ADDRESSES.

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).

Auto Body Application – Page 3:

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 _____

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.

MUST BE SIGNED BY OWNER, OR AUTHORIZED SIGNATORY IF OWNER IS A CORPORATION, OR IF BUSINESS IS A PARTNERSHIP ALL PARTNERS MUST SIGN.

X _____ DATE: _____
SIGNATURE

X _____ DATE: _____
SIGNATURE OF PARTNER (IF PARTNERSHIP)

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

X _____ MY COMMISSION EXPIRES:
NOTARY PUBLIC

EQUIPMENT AFFIDAVIT #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

EQUIPMENT AFFIDAVIT #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

EQUIPMENT AFFIDAVIT #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: _____

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Signed under penalty of perjury

X _____
(Signature of Applicant)

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

X _____ My Commission Expires:
Notary Public

**EQUIPMENT AFFIDAVIT #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 activities 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 _____
(Notary Public)

My Commission Expires:



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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

TECHNICIAN CERTIFICATION AFFIDAVIT

Upon submission of a new or renewal application, Commercial Licensing Regulation 16- Motor Vehicle Body Repair Technician Certification requires each applicant to have in it's employ - one (1) certified technician, for every five (5) shop employees, to be certified in the following 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.

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 to the Department.

*** The Department will make routine inspections or request certification documents by mail. ***

Name of Body Shop: _____ Number of Employees: _____

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Name of technician: _____

certified in: _____

School/association technician received certification: _____

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Name of technician: _____

certified in: _____

School/association technician received certification: _____

=====

Name of technician: _____

certified in: _____

School/association technician received certification: _____

(Use additional forms if space provided is insufficient).

**If one of the above listed technicians should fall out of compliance
You must notify the Department immediately
You have ninety (90) days to send in a replacement affidavit**

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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 _____
NOTARY PUBLIC

MY COMMISSION EXPIRES: