



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
DEALERS' LICENSE AND REGULATION OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-5732 Fax: 401-462-5789
www.dmv.ri.gov

INSTRUCTIONS FOR NEW / RENEWAL APPLICATION FOR DISTRIBUTOR, MANUFACTURER OR REPRESENTATIVE LICENSE

NEW

1. Application(s) must be completed in full, signed by a corporate officer, partner, sole-owner, member or authorized agent and notarized.
2. Cover letter on a letter-head stating the company's name and address who is requesting the license.
3. Agreement letter with Rhode Island dealership and a franchise letter on official letterhead.
4. Application for Distributor or Manufacturer Representative(s) **(must have at least one)**
5. Check or Money Order made payable to: **"Dealers' License and Regulations Office."**
FEES: \$301.50 – for each distributor or manufacturer license; **\$101.50** – for each representative
6. You must contact the R.I. Secretary of State, 401-222-3040 or www.sos.ri.gov, to register your company or corporation to do business in the State of Rhode Island. Please attach a copy of certificate along with the application.
7. All licenses are issued on a calendar year basis and all expire on December 31st of each year. All distributors, manufacturers and representatives need to be licensed to have the right to do business with Rhode Island dealers, pursuant to Rhode Island General Laws § 31-5-21 et seq. and § 31-5-1 et seq.
8. **FOR DISTRIBUTORS ONLY:** A copy of a letter of authorization from the manufacturing company authorizing your company to distribute their product.

NOTE: All forms must be completed in full, signed and notarized where applicable. Applicant must submit all required documents with application. Incomplete forms will not be accepted and will be returned.

NOTE: If there are any changes in your current license, you must notify the DMV, in writing, and provide a letter of intent. You must also submit an agreement letter with every new dealership who will be selling your product in the State of Rhode Island.

RENEWAL

Your license(s) to do business in the State of Rhode Island will expire on December 31st of this year. Enclosed please find application(s) for renewal of your license(s). October 31st is the deadline to submit your renewal application. All Distributors, Manufacturers and Representatives that are not licensed by January 1st of the subsequent year following the expiration on December 31st will be denied the right to do business with Rhode Island dealers. Pursuant to Rhode Island General Laws § 31-5-21 et seq. and § 31-5-1 et seq. All distributors and manufacturers must be licensed before Rhode Island dealers can obtain a dealer license and sell your line of product.

All required documents must be submitted to ensure the issuance of your license:

1. Distributor/Manufacturer Application
2. Representative(s) Application
3. Copy of your Franchise letter with authorized Rhode Island dealers
4. A list of Rhode Island dealers authorized to sell your product
5. A copy of your Manufacturer/Distributor Agreement form (authorization letter from manufacturer to sell their product)
[Distributors only]
6. Copy of Certificate of Good Standing from the Office of the Secretary of State.
7. Check or Money Order made payable to: **"Dealers' License and Regulations Office."**
FEES: \$301.50 – for each distributor or manufacturer license; **\$101.50** – for each representative
8. Renewal application must be signed by a corporate officer, partner, owner or authorized agent and notarized.

If additional forms are required, you may find the form on the DMV website: www.dmv.ri.gov



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NEW/RENEWAL APPLICATION FOR DISTRIBUTOR OR MANUFACTURER LICENSE

USE BLUE OR BLACK INK ONLY

DMV Official Use Only – DO NOT COMPLETE THIS SECTION

License # _____ Date _____ Check # _____

Application Type (check one):

 NEW

 MANUFACTURER
 DISTRIBUTOR

 RENEWAL

 MANUFACTURER
 DISTRIBUTOR

LICENSE #: _____

Applicant Information

CORPORATE NAME: _____ D/B/A NAME: _____

APPLICATION DATE: _____ IF INCORPORATED, UNDER WHAT STATE'S LAW? _____ DATE INCORPORATED: _____

IF INCORPORATED UNDER THE LAWS OF ANOTHER STATE, ARE YOU AUTHORIZED TO DO BUSINESS IN THE STATE OF RI?
 YES NO IF YES, PLEASE LIST ANY STATE IDENTIFICATION NUMBER: _____

***** Please attach a copy of your Certificate of Authorization that was issued in Rhode Island *****

MAIN BUSINESS ADDRESS: _____ CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____ E-MAIL ADDRESS: _____

NAME OF DIVISION: (A separate application is needed for each division) _____ WHAT MAKE OF MOTORIZED VEHICLES FOR THIS DIVISION?: _____

MANUFACTURING COMPANY NAME AND ADDRESS WHO AUTHORIZES YOUR COMPANY TO SELL THEIR PRODUCTS: *(DISTRIBUTOR ONLY)* _____

Name, Title and Address of Each Officer, Partner, Member, Director or Corporate Officer

NAME	TITLE	COMPLETE RESIDENTIAL ADDRESS

List All Your Franchised Rhode Island Dealers (Only for Franchise(s) Listed on this Application):

NAME	DEALER'S LICENSE #	COMPLETE BUSINESS ADDRESS

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM _____ OF THE ABOVE FIRM AND THE
 TITLE, IF ANY

ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

SIGNATURE OF APPLICANT _____

STATE OF RHODE ISLAND, COUNTY OF: _____

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

COMMISSION EXPIRES: _____ NOTARY SIGNATURE: _____



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NEW/RENEWAL APPLICATION FOR REPRESENTATIVE LICENSE

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License # _____

Date _____

Check # _____

Application Type (check one):

 NEW MANUFACTURER
 DISTRIBUTOR RENEWAL MANUFACTURER
 DISTRIBUTOR

LICENSE #: _____

Applicant Information

APPLICANT NAME: _____

APPLICATION DATE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY/TOWN: _____

STATE: _____

ZIP CODE: _____

Company Information

NAME OF COMPANY REPRESENTED: _____

DIVISION: _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____

STATE: _____

ZIP CODE: _____

TELEPHONE: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

PRIMARY SERVICES:

SALES: YES NO

PARTS: YES NO

ACCESSORIES: YES NO

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM _____ OF THE ABOVE FIRM AND THE
TITLE, IF ANY
ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

SIGNATURE OF APPLICANT _____

STATE OF RHODE ISLAND, COUNTY OF: _____

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

COMMISSION EXPIRES: _____ NOTARY SIGNATURE: _____

NOTE: Proof of affiliation with the above-named company must be attached to this application.