

Rhode Island Department of Labor & Training  
 Division of Workforce Regulation & Safety/Mercantile Unit  
 1511 Pontiac Avenue PO BOX 20157 Cranston RI 02920-0944  
 Phone: (401) 462-8575 Fax: (401) 462-8576  
 Email: occusafe@dlt.state.ri.us

**PETROLEUM DEALER LICENSE APPLICATION**

FEDERAL ID# \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ENTERPRISE NAME \_\_\_\_\_  
 (Name lettered on vehicle)

COMPANY NAME \_\_\_\_\_  
 (Complete if company and enterprise name are different)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Return this application with a check or money order for \$120.00 (No cash).  
 Applications must have payment for processing.

Insurance certification of \$2,000,000 liability insurance must be sent with this application.

**Cancellation of insurance will cause your license to be suspended.**

Insurance Agency \_\_\_\_\_ Agency Telephone No \_\_\_\_\_

Letter A Company \_\_\_\_\_ Expiration Date \_\_\_\_\_

LIST DELIVERY TRUCKS ONLY (Registered and unregistered)

Truck Make	Year	Model	Registration Plate Number	Equipment Number	Exp. Date Month/Year
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Total trucks registered \_\_\_\_\_

List all additional trucks on separate sheet with above information

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_