



State of Rhode Island
Department of Business Regulation
Division of Commercial Licensing
Auto Body Section
1511 Pontiac Ave, Bldg. 69-1
Cranston, RI 02920

CLASS B MOTOR VEHICLE REPAIR APPLICATION REQUIREMENTS AND PACKET

Applicants are *strongly encouraged* to apply online at: <https://elicensing.ri.gov/>

Required fees and documentation to be submitted with completed application via mail to the address above:

1. Fee(s)

- a. License Fee — \$300 per year; maximum of three (3) years (\$900) made payable to Rhode Island General Treasurer
 - i. If You're obtaining the **optional** Salvage Repair License, an additional \$300 (maximum of 3 years and \$900) per year is required.

2. Certificate of Insurance Binder

- a. Policy shall provide for bodily injury and property damage "Garage Liability" for five hundred thousand (\$500,000) combined single limit, and "Garage Keepers Liability" for damage to customer property for one hundred thousand (\$100,000) per occurrence.

3. Evidence of Fire Safety Approval

- a. Letter from local Fire Department or State Fire Marshal stating shop has passed inspection according to all local and state laws/regulations/codes for fire, health, and safety. It must also confirm safety inspection and approval of spray booth and refinishing area for painting.

4. Evidence of Zoning Approval

- a. Letter from city/town stating you comply with all zoning laws to operate an auto body shop in that location.

5. State of Rhode Island Criminal History Report (BCI)

- a. Mandatory for all owners, corporate officers, and managers.
 - i. If any owners, corporate officers, or manager resides out of state, you must obtain the appropriate criminal history report from the state. (e.g., Massachusetts CORI)

6. Technician Certification and **Copy of Valid Government ID for each listed technician – NEW IN 2023**

- a. Proof of satisfactory completion of classes pursuant to [Regulation 230-RICR-30-05-2.12](#). (**NOTE: Only I-CAR and ASE transcripts or P&L Certificates are acceptable proof.**)
- b. Pursuant to Regulation 230-RICR-30-05-2.5(A)(4), **one (1) full certification is required for every five (5) technicians. However, if a Class B shop is looking to conduct salvage repair, one (1) full certification is required for every two (2) technicians.**

7. Tax-Payer Status Affidavit (Included in application package)



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8. Evidence of Good Standing (For Corporations and LLCs Only)
 - a. Applicants may submit either a Letter of Good Standing from the R.I. Secretary of State, or a printout from the Secretary of State's website proving that your corporation is not revoked by the Secretary of State.

9. EPA Hazardous Waste Generators Permit Number
 - a. Application can be found on DEM website at:
<http://www.dem.ri.gov/programs/benviron/waste/pdf/epaidno.pdf>

PLEASE NOTE:

- Your license number must appear on all business communications, estimates, signs, business cards and other written documentation related to that business.
- Immediately notify the Department upon any change of information from your latest application. Transfers of owner or business location require a new application and must be approved in advance by the Department.
- The Department sends all correspondence regarding your application and license by email. Please make sure your email address is up to date.
- Inquire with your local city/town to verify if a local license is required for you to operate.



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INITIAL CLASS B MOTOR VEHICLE BODY REPAIR APPLICATION

Please type. **Incomplete applications will be returned.**

BASIC INFORMATION	
Is this your first Auto Body License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this for a transfer of location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want a Salvage Repair License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please note: \$300 additional fee per year required with a maximum of three (3) years and \$900.	
OWNER INFORMATION	
Name:	DOB:
Address:	
City, State, Zip:	
Email:	Phone:
BUSINESS INFORMATION	
Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	
Name:	FEIN:
DBA (If applicable):	
Address:	
City, State, Zip:	
Email:	Phone:
PARTNERS, MEMBERS, OFFICERS (IF APPLICABLE)	
Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:
Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:
Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:
Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:
Name:	DOB:
Title:	
Address:	
City, State, Zip:	
Email:	Phone:



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DESIGNEE INFORMATION (Person The Department can speak to regarding the business)	
Name:	
Address:	
City, State, Zip:	
Email:	Phone:
APPLICATION QUESTIONS	
Do you currently hold a Motor Vehicle Dealers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide License #:	
Do you currently hold an Appraiser/Adjuster License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide License #:	
EPA Hazardous Waste Generators Permit #:	
Square Footage:	
NOTE: Licensees must perform repairs inside a fixed location with at least 4,000 SF of heated, ground-level space	
Describe Secured Storage Area:	
EMPLOYEE LIST	
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
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Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee
Name:	<input type="checkbox"/> Technician <input type="checkbox"/> Shop Employee



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LICENSE REQUIREMENTS
Do you have electrical and /or hydraulic pulling equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have current dimensional guides appropriate to vehicle being repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have a four (4)-point clamping system to secure vehicle while making structural repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have equipment/gauges mechanical or electronic capable of three-dimensional measurements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have appropriate welding equipment to meet manufacturer's requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have a paint system or access to a paint system capable of producing original equipment manufacturer's requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have a spray Booth that conforms to the requirements of the RI State Fire Marshall? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have HVLP Spray guns that meet current EPA requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide model:
Do you have a refinishing area that complies with safety and environmental regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Parking in compliance with local laws and regulations to perform the repair work? <input type="checkbox"/> Yes <input type="checkbox"/> No



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AFFIDAVIT(S) & SIGNATURE

Tax Payer Status Affidavit

Pursuant to R.I. Gen. Laws, Chapter 5-79, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due to the state or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Have you filed all required Rhode Island State tax returns, and have you paid all taxes owed? Yes No

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Rhode Island Department of Business Regulation.

 Signature of Applicant

 Date of Signature (MM/DD/YY)

OFFICE USE ONLY

Date application received:

Check:	Amount:	
Technician Certifications received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
BCI(s) received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Binder received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Safety Certificate received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of Zoning Approval received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Letter of Good Standing (if applicable) received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
EPA Number received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	