STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
100 Main Street
Pawtucket, RI 02860

CHANGE IN CORPORATE OFFICERS

THIS APPLICATION CAN ONLY BE FILED WHEN AT LEAST ONE OF THE PRESENT CORPORATE OFFICERS OF AN EXISTING LICENSED DEALERSHIP REMAINS ON RECORD FOR SIX (6) MONTHS FROM THE EFFECTIVE DATE OF THIS APPLICATION.

APPLICATION INSTRUCTIONS: WE MUST RECEIVE ALL OF THE FOLLOWING TO ACCEPT:

1. APPLICATION FORM COMPLETED IN FULL, SIGNED BY AN EXISTING CORPORATE OFFICER AND NOTARIZED. THIS FORM MUST STATE THE NEW CORPORATE OFFICERS AND THE ONES REMAINING ON RECORD AND ALL THEIR CORPORATE TITLES.

2. EACH NEW CORPORATE OFFICER WHO WISHES TO BE A PART OF THE CORPORATION (AS LISTED ON THE APPLICATION) MUST COMPLETE A CRIMINAL IDENTIFICATION.

3. COPY OF THE MINUTES OF THE MEETING HELD - SHOWING A NEW ELECTION OF CORPORATE OFFICERS AND LISTING ALL CORPORATE TITLES ALONGSIDE THEIR NAMES. IF RESIGNATION OF A PRESENT CORPORATE OFFICER IS APPLICABLE, WE WILL ALSO NEED A COPY OF THE MINUTES OF THE MEETING HELD WHEREBY THAT CORPORATE OFFICER RESIGNED FROM THE CORPORATION AND FROM THE CORPORATE TITLE HELD.

4. A NEW SURETY BOND ISSUED TO THE NEW CORPORATE OFFICERS OF THE CORPORATION OR A "RIDER" ON THE EXISTING SURETY BOND AMENDING THE CORPORATE PFFICERS TO BE ALL THE NEW OFFICERS ON THIS APPLICATION AND THEIR CORPORATE TITLES.

PLEASE SUBMIT THIS APPLICATION AT THIS OFFICE WHEN ALL THE ABOVE IS COMPLETED IN FULL. AFTER OUR RECEIPT, WE WILL PROCESS FOR APPROVAL. WHEN APPROVED, WE WILL MAKE THIS CHANGE IMMEDIATELY.

THE RHODE ISLAND MOTOR VEHICLE DEALERS' LICENSE & REGULATIONS OFFICE RESERVES THE RIGHT TO DENY AN APPLICATION FOR ANY CHANGES WHEN NOT IN COMPLIANCE OF THE RHODE ISLAND MOTOR VEHICLE DEALERS' LICENSE & REGULATIONS LAWS, RULES AND/OR REGULATIONS.

CHANGE IN CORPORATE OFFICERS APPLICATION

STATE OF RHODE ISLAND
RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
100 MAIN STREET
PAWTUCKET, RHODE ISLAND 02860

APPLICATION FOR MOTOR VEHICLE DEALERS LICENSE

Date: _____

1. Name of Firm: _____

2. Principal business location: _____
   Business phone number: _____

3. Location of branch offices (if any): _____
   _____

4. Type of Dealer:
   New vehicles only ( ) Used vehicles only ( ) New & used vehicles ( )

4a. If new car dealer, estimate number of dealers selling same make of car in your city or town: _____

5. Type of Vehicles:
   Passenger cars only ( ) Motorcycles ( )
   Trucks only ( ) Tractor-Trailers ( )
   Passenger cars & trucks ( )

6. How long have you been established as a dealer? _____

7. If a new car dealer, what make of vehicles? _____

8. Have you a dealer's Contract or Franchise? Yes ( ) No ( )

9. Franchise or Contract:
   Name: _____ Address: _____ Date: _____
   _____
   _____

10. Floor Space: Sales _____ Service _____
    Yard Space: Sales _____ Service _____
    Value of service station equipment: _____

11. Give names and addresses of all officers and members of firm:
    Title: Name: Residence Address:
    _____
    _____
    _____
    _____

12. Number of salesmen employed: _____

13. Business References: _____
    _____
    _____

I, the undersigned, hereby declare that I am _____ of the above
Title if any
firm and that the above information is true to the best of my knowledge or belief.

Written signature of applicant _____
State of Rhode Island
County of _____
Subscribed and sworn to before me this ____ day of _____ 20____

_____
Notary Public

ALL LISTED OWNERS OR PARTNERS MUST REMAIN ON RECORD AT LEAST SIX (6) MONTHS AFTER THE EFFECTIVE DATE OF THIS APPLICATION

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
100 Main Street
Pawtucket, RI 02860

RETURN TO:

BUREAU OF CRIMINAL IDENTIFICATION AUTHORIZATION FORM

TO: B.C.I., 72 PINE STREET, PROVIDENCE, RHODE ISLAND

THE UNDERSIGNED HEREBY AUTHORIZES THE RHODE ISLAND MOTOR VEHICLE DEALERS' LICENSE & REGULATIONS OFFICE TO CHECK WITH THE BUREAU OF CRIMINAL IDENTIFICATION, STATE OF RHODE ISLAND, FOR ANY CRIMINAL RECORD THE UNDERSIGNED MAY HAVE.

(PRINT OR TYPE)

DEALERSHIP NAME: _____

BUSINESS ADDRESS: _____

APPLICANT'S NAME: _____

RESIDENCE ADDRESS: _____

_____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

HAVE YOU EVER HAD CRIMINAL CHARGES OR CIVIL ACTION LODGED AGAINST YOU IN COURT? YES ( ) NO ( )

IF YES, PLEASE EXPLAIN IN WRITING:

SIGNATURE: _____ DATE: _____

PLEASE NOTE: EVERY PERSON LISTED ON APPLICATION FORM MUST COMPLETE ONE FORM EACH. IF ADDITIONAL FORMS ARE REQUIRED, PLEASE CALL 588-3020 EXT. 2076 TO REQUEST THEM.

(FOR B.C.I. USE)