



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
DEALERS' LICENSE AND REGULATIONS OFFICE
100 Main Street
Pawtucket, RI 02860
Phone: 401-462-5732 Fax: 401-462-5718

INSTRUCTIONS FOR YOUR DISTRIBUTOR, AND DISTRIBUTOR REPRESENTATIVES LICENSES.

ALL OF THE FOLLOWING DOCUMENTS MUST BE COMPLETED IN FULL AND SUBMITTED TO THIS OFFICE IN COMPLETE FORM OR THE APPLICATION WILL BE RETURNED.

1. APPLICATION MUST BE COMPLETED IN FULL, SIGNED BY A CORPORATE OFFICER, PARTNER, SOLE-OWNER OR AUTHORIZED AGENT AND NOTARIZED.
2. COVER LETTER ON A LETTER HEAD STATING THE COMPANY'S NAME AND ADDRESS REQUESTING A DISTRIBUTOR LICENSE
3. APPLICATION FOR DISTRIBUTOR
4. APPLICATION FOR DISTRIBUTOR REPRESENTATIVE
5. DEALER AGREEMENT (AGREEMENT LETTER WITH RHODE ISLAND DEALERSHIP) AND A FRANCHISE LETTER ON A LETTER-HEAD
6. A COPY OF LETTER OR AGREEMENT FROM THE MANUFACTURER COMPANY AUTHORIZATING YOUR COMPANY TO DISTRIBUTE THEIR PRODUCT.
7. LIST NAME AND ADDRESS OF RHODE ISLAND DEALERSHIPS AUTHORIZED TO SELL YOUR PRODUCT. (SEPARATE LIST FOR EACH FRANCHISE/DIVISION) IF ANY CHANGES DURING THE YEAR YOU MUST INFORM THIS OFFICE IN WRITING. YOU MUST PROVIDE A LETTER OF INTENT AND AGREEMENT LETTER WITH EVERY NEW DEALERSHIP YOU WILL BE SELLING YOUR PRODUCT IN RHODE ISLAND
8. BROCHURES OF THE PRODUCT YOU ARE SELLING IN THE STATE OF RHODE ISLAND
9. CHECK OR MONEY ORDER MADE PAYABLE TO: **"DEALERS' LICENSE & REGULATIONS OFFICE."**
\$ 20150 – EACH DISTRIBUTOR
\$ 41.50 – EACH DISTRIBUTOR REPRESENTATIVE
THE CHECK MUST BE SUBMITTED WITH APPLICATION
10. YOU MUST CONTACT THE SECRETARY OF STATE AT 401-222-3040, OR <http://www.state.ri.us>, TO REGISTER YOUR COMPANY OR CORPORATION TO DO BUSINESS IN THE STATE OF RHODE ISLAND.
11. UPON RECEIPT OF ALL OF THE ABOVE DOCUMENTATION AND THE COMPLETED APPLICATIONS WE WILL THEN PROCESS FOR APPROVAL. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE AT: **401-462-5732**

IF ADDITIONAL FORMS ARE REQUIRED YOU MAY COPY THE PRESENT FORM.

ALL LICENSES ARE ISSUED ON A CALENDAR YEAR BASIS AND ALL EXPIRE ON DECEMBER 31ST OF EACH YEAR. ALL DISTRIBUTORS, AND DISTRIBUTOR REPRESENTATIVES NEED TO BE LICENSED TO HAVE THE RIGHT TO DO BUSINESS WITH LICENSED RHODE ISLAND DEALERS, PURSUANT TO RHODE ISLAND GENERAL LAWS 31-5-21 et seq. AND 31-5-1 et seq. IF ANY CHANGES DURING THE YEAR YOU MUST INFORM THIS OFFICE IN WRITING.

RESPECTFULLY SUBMITTED,

ADMINISTRATOR
DIVISION OF MOTOR VEHICLES

OFFICE USE ONLY

LIC # _____

CHECK# _____

ISSUED _____

APPLICATION FOR LICENSING OF DISTRIBUTOR

Date: _____

1. Corporate Name: _____

2. d/b/a Name: _____

3. 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 Rhode Island? YES _____ NO _____ ID# _____

Please attach a copy of your certificate of authority issued in Rhode Island

4. Business Address: _____

5. Telephone #: _____ Fax #: _____

6. Name of Division: _____

(Separate application for each division)

7. What make of Motorized Vehicles? _____

(List only make for division on this application)

8. Manufacturer Company who authorizes your company to sell their product.

Name: _____ Address: _____

(Please attached a copy of authorization letter)

9. List Name, Address and Title of each owner, partner, director or corporate officer:

Name	Title	Residential Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Please list all the franchised Rhode Island dealers you hold franchise agreements with (only for franchise listed in this application):

Name/Dealers' license number	Address
_____	_____
_____	_____
_____	_____

Print name: _____

Signature (in full) _____ Title: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary public

Commission expires

Distributor license \$201.50

OFFICE USE ONLY

LIC # _____

CHECK # _____

ISSUED _____

APPLICATION FOR LICENSING OF DISTRIBUTOR REPRESENTATIVE

Date: _____

Full name of applicant: _____

Name of company represented: _____

Division: _____

Business address: _____

Tel#: _____ fax#: _____

Residence: _____

Tel#: _____

Are you connected with sales? _____ parts?: _____

Are you connected with accessories? _____

How long have you been with your present employer?: _____

How long have you been in your present position?: _____

Proof of affiliation with the above-name company must be attached to this application.

Applicant's signature (in full): _____

Title: _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary public

commission expires

Distributor representative license fee: \$41.50