



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 MANUFACTURER, AND FACTORY 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 MANUFACTURER LICENSE
3. APPLICATION FOR MANUFACTURER
4. APPLICATION FOR FACTORY REPRESENTATIVE
5. DEALER AGREEMENT (AGREEMENT LETTER WITH DEALERSHIP IN RHODE ISLAND) AND A FRANCHISE LETTER ON A LETTER-HEAD
6. 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 AND PROVIDE A LETTER OF INTENT AND AGREEMENT LETTER WITH EVERY NEW DEALERSHIP YOU WILL BE SELLING YOUR PRODUCT IN RHODE ISLAND
7. BROCHURES OF THE PRODUCT YOU ARE SELLING IN THE STATE OF RHODE ISLAND
8. CHECK OR MONEY ORDER MADE PAYABLE TO: "DEALERS' LICENSE & REGULATIONS OFFICE."  
\$ 20150 – EACH MANUFACTURER  
\$ 41.50 – EACH FACTORY REPRESENTATIVE  
THE CHECK MUST BE SUBMITTED WITH APPLICATION
9. 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.
10. 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 31<sup>ST</sup> OF EACH YEAR. ALL MANUFACTURERS, AND FACTORY 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.

RESPECTFULLY SUBMITTED,

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ADMINISTRATOR  
DIVISION OF MOTOR VEHICLES

OFFICE USE ONLY

LIC #:

CHECK #:

ISSUED:

APPLICATION FOR LICENSING OF MANUFACTURER

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 \_\_\_\_\_

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. Are you connected with sales? \_\_\_\_\_ Parts? \_\_\_\_\_ Accessories? \_\_\_\_\_

8. What make of Motorized Vehicles? \_\_\_\_\_

(List only make for division on this application)

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

**Manufacturer license fee \$201.50**

OFFICIAL USE ONLY

LIC #:

CHECK #:

ISSUED:

APPLICATION FOR LICENSING OF FACTORY 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

**Manufacturer representative license fee: \$41.50**