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 OWNERSHIP OR PARTNERSHIP (NOT A CORPORATION)

THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO CHANGE OWNERS OR PARTNERS. ALL REQUIRED FORMS MUST BE SUBMITTED ALL AT ONE TIME. WE CANNOT ACCEPT INCOMPLETE APPLICATIONS. IN ORDER TO CHANGE OWNERS OR PARTNERS, AT LEAST ONE OF THE PRESENT OWNERS OR PARTNERS MUST STAY ON THE RECORDS. PLEASE SUBMIT THE FOLLOWING:

1. APPLICATION FORM COMPLETED, SIGNED AND NOTARIZED, STATING NEW OWNERS OR PARTNERS NAMES AND RESIDENCE ADDRESSES.

2. LETTER, SIGNED BY A PRESENT OWNER, AND NOTARIZED, REQUESTING TO BRING ON AS AN ADDITIONAL PARTNER OR PARTNERS INTO THE DEALERSHIP, STATING THEIR FULL NAME, AND RESIDENCE ADDRESS.

3. B.C.I. (BUREAU OF CIMINIAL IDENTIFICATION FORMS) MUST BE COMPLETED BY ALL NEW PARTNERS ONLY -- AND RETURNED TO THIS OFFICE FOR OUR CHECKING THROUGH B.C.I.

4. $15,000. SURETY BOND ISSUED TO ALL OWNERS OF THE DEALERSHIP, OR A "RIDER" DOCUMENT FROM YOUR INSURANCE COMPANY ON THE PRESENT BOND YOU HAVE ON FILE, AMENDING THE PRINCIPALS TO READ: (STATING ALL THE OWNERS NAMES).

5. IF A PRESENT PARTNER OF A DEALERSHIP IS RESIGNING, WE MUST HAVE A LETTER OF RESIGNATION SIGNED BY THAT OWNER AND NOTARIZED.

THE RHODE ISLAND MOTOR VEHICLE DEALERS' LICENSE & REGULATIONS OFFICE RESERVES THE RIGHT TO INVESTIGATE ALL DOCUMENTS SUBMITTED WITH THIS APPLICATION AND IS SUBJECT TO APPROVAL BY THIS COMMISSION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CALL THE OFFICE AT 588-3020 EXT. 2076.

CHANGE IN OWNERSHIP OR PARTNERSHIP (NOT A CORPORATION)

STATE OF RHODE ISLAND
RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
100 MAIN STREET
PAWTUCKET, RHODE ISLAND 08260

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_____
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)