



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES - SAFETY & EMISSIONS OFFICE

325 Melrose Street, Providence, RI 02907
Phone: 401-462-5890 Fax: 401-462-5838 www.dmv.ri.gov

IBGD97 HCB GH5 HCB 5 DD 7 5 HCB

Standard - Fleet - Livestock

USE BLUE OR BLACK INK ONLY

Applicant Information
CORPORATION NAME: FEIN #:
BUSINESS NAME: TELEPHONE:
BUSINESS ADDRESS: NUMBER AND STREET CITY/TOWN STATE ZIP
MAILING ADDRESS: NUMBER AND STREET CITY/TOWN STATE ZIP
APPLICATION TYPE: Check all that apply New Inspection Station License Existing Station License Renewal Class Change of Existing Station Change of Address

Inspection Station Information: Standard, Fleet Or Livestock
Has any inspection station appointment of yours been SUSPENDED, REVOKED or REFUSED? YES NO If yes, what year?
NORMAL BUSINESS HOURS:

Station Classification Applied For: STANDARD INSPECTION STATION
EA All motor vehicles and all trailers registered with a gross weight of more than 1,000 pounds EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
EB All motor vehicles that are registered with a gross weight of 8,500 pounds or less, EXCEPT trailers, livestock trailer, livestock semi-trailers and motorcycles.
C All motor vehicles that are registered with a gross weight of more than 8,500 and all trailers registered with a gross weight more than 1,000 pounds, EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
LD Motor vehicles registered with a gross weight of 8,501 through 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
ELD Motor vehicles registered with a gross weight up to 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
M Motorcycles, motorized bicycles, motorized tricycles

Station Classification Applied For: FLEET INSPECTION STATION
FEA All owned or leased motor vehicles and all owned or leased trailers registered with a gross weight of more than 1,000 pounds EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
FEB All owned or leased motor vehicles that are registered with a gross weight of 8,500 pounds or less, EXCEPT trailers, livestock trailers, livestock semi-trailers and motorcycles.
FC All owned or leased motor vehicles that are registered with a gross weight of more than 8,500 and all trailers registered with a gross weight more than 1,000 pounds, EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
FLD Owned or leased motor vehicles registered with a gross weight of 8,501 through 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
FELD Owned or leased motor vehicles registered with a gross weight up to 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
FM Owned or leased motorcycles, motorized bicycles, motorized tricycles
Number of vehicles registered in R.I. (minimum of 10):

Station Classification Applied For: LIVESTOCK TRAILER INSPECTION STATION
L Livestock trailers and livestock semi-trailers
FL Fleet Station (limited to owned or leased vehicles)
Number of vehicles registered in R.I. (minimum of 10):

CONTINUED ON BACK

List Of All Owners, Partners, Corporations Officers Or LLC Members

TITLE:	NAME:	DRIVER'S LICENSE NUMBER & STATE
RESIDENCE ADDRESS:	NUMBER AND STREET	CITY/TOWN STATE ZIP
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RESIDENCE ADDRESS:	NUMBER AND STREET	CITY/TOWN STATE ZIP

Certified Inspectors: List of all persons who are state certified inspectors employed at this station, attach additional sheet if needed.

INSPECTOR NUMBER CERTIFICATION:	NAME:	DRIVER'S LICENSE NUMBER & STATE
RESIDENCE ADDRESS:	NUMBER AND STREET	CITY/TOWN STATE ZIP
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RESIDENCE ADDRESS:	NUMBER AND STREET	CITY/TOWN STATE ZIP
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RESIDENCE ADDRESS:	NUMBER AND STREET	CITY/TOWN STATE ZIP

Insurance Information (Standard and Livestock Inspection Stations Only)**** A certificate of liability insurance must be attached ****

GARAGE LIABILITY INSURANCE NAME, POLICY NUMBER and EFFECTIVE DATES:

GARAGE KEEPER'S LEGAL LIABILITY INSURANCE NAME, POLICY NUMBER and EFFECTIVE DATES:

Affidavit Of Compliance For Insurance Requirements

The Undersigned swears that he/she has now and will have continuously in effect a GARAGE KEEPER'S LEGAL LIABILITY POLICY WITH A MINIMUM OF \$25,000 Liability coverage, as well as a GARAGE LIABILITY INSURANCE POLICY meeting the minimum state limits, which will afford liability protection for the customer's vehicle while it is being tested or used in connection with the inspection of the vehicle.

Signature

I, the undersigned, hereby make application for a Rhode Island Official Inspection Station Permit at the location indicated above. I agree to accept the responsibility from the State of Rhode Island to inspect vehicles in accordance with the State's Motor Vehicle Inspection Laws. I further agree to provide at least one qualified inspector and one approved inspection lane or bay, throughout the year, during my normal inspection hours as declared above. Livestock Station Inspectors must be knowledgeable in the safety requirements for the "TRANSPORTATION OF HORSES AND OTHER LIVESTOCK." I certify under penalty of perjury that I have read the statement "AFFIDAVIT OF COMPLIANCE FOR INSURANCE REQUIREMENTS" (Fleet stations exempt) and will abide by the conditions stated therein. Any violation of the rules and regulations of the Inspection Laws will be cause for suspension or revocation of the appointment as an Official Inspection Station.

SIGNATURE OF STATION OWNER, PARTNER OR LLC MEMBERS:

DATE: (MM/DD/YY)

PRINTED NAME AND TITLE OF PERSON SIGNING APPLICATION:

HOME TELEPHONE:

Notary Public

Subscribed and sworn to me this _____ day of _____, 20 _____.

NOTARY PUBLIC SIGNATURE:

PRINTED NAME OF NOTARY PUBLIC:

COMMISSION EXPIRATION DATE (MANDATORY):

ENCLOSE \$26.50 CHECK OR MONEY ORDER, MADE PAYABLE TO: RHODE ISLAND DMV

(\$25.00 renewal fee + \$1.50 technology fee)

NOTE: A copy of the insurance policy declaration page must be attached.**DO NOT MAIL CASH****NO INSPECTION PERMIT SHALL BE ASSIGNED, TRANSFERRED OR USED AT ANY LOCATION OTHER THAN WHAT IS DESIGNATED ON THE STATION PERMIT.****NO INSPECTION PERMIT SHALL BE ASSIGNED TO A LOCATION THAT IS CURRENTLY ASSIGNED A PERMIT OF A SIMILAR CLASS.****FOR DMV USE ONLY**

Approved for class _____ by _____ . Date approved _____

Station number assigned _____ * Attach sticker purchase authorization form if approved. (Class EB excluded)