



**DIVISION OF MOTOR VEHICLES**

DEALERS' LICENSE AND REGULATIONS OFFICE

600 New London Avenue, Cranston, RI 02920-3024

Phone: 401-462-5732 Fax: 401-462-5789 [www.dmv.ri.gov](http://www.dmv.ri.gov)

## **INSTRUCTIONS FOR NEW/RENEW APPLICATION FOR DISTRIBUTOR, MANUFACTURER OR REPRESENTATIVE LICENSE**

### **NEW**

1. Application(s) must be completed in full, signed by a corporate officer, partner, sole-owner, member or authorized agent and notarized.
2. Cover letter on a letterhead stating the company's name and address who is requesting the license.
3. Agreement letter with Rhode Island dealership and a franchise letter on official letterhead.
4. Application for Distributor or Manufacturer Representative(s) (**must have one**).
5. Check or money order made payable to: "**Dealers' License and Regulations Office.**"  
**FEES: \$301.50** – for each distributor or manufacturer license; **\$101.50** – for each representative.
6. You must contact the Rhode Island Secretary of State, (401) 222-3040 or [www.sos.ri.gov](http://www.sos.ri.gov), to register your company or corporation to do business in the State of Rhode Island. Please attach a copy of certificate along with the application.
7. All licenses are issued on a calendar year basis and all expire on December 31<sup>st</sup> of each year. All distributors, manufacturers, and representatives need to be licensed to have the right to do business with Rhode Island dealers, pursuant to Rhode Island General Laws § 31-5-1, et seq.
8. **For DISTRIBUTORS only:** a copy of a Letter of Authorization from the manufacturing company authorizing your company to distribute their product.
9. Pictures and information stating motor vehicle make and model specifications.

**NOTE: If there are any changes in your current license, you must notify the DMV, in writing, and provide a letter of intent. You must also submit an agreement letter with every new dealership who will be selling your product in the State of Rhode Island.**

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### **RENEWAL**

Your license(s) to do business in the State of Rhode Island will expire on December 31<sup>st</sup> of this year. Enclosed please find application(s) for renewal of your license(s). October 31<sup>st</sup> is the deadline to submit your renewal application. All Distributors, Manufacturers, and Representatives that are not licensed by January 1<sup>st</sup> of the subsequent year following the expiration on December 31<sup>st</sup> will be denied the right to do business with Rhode Island dealers. Pursuant to Rhode Island General Laws § 31-5-21, et seq., and § 31-5-1 et seq., all distributors and manufacturers must be licensed before Rhode Island dealers can obtain a dealer license and sell your line of products.

All required documents must be submitted to ensure the issuance of your license:

1. Distributor or Manufacturer Application.
2. Representatives Application.
3. Copy of your Franchise Letter with authorized Rhode Island dealers.
4. A list of Rhode Island dealers authorized to sell your products.
5. Copy of your Manufacturer/Distributor Agreement form (authorization letter from manufacturer to sell their product (**distributors only**)).
6. Copy of Certificate of Good Standing from the Office of the Secretary of State.
7. Check or money order made payable to: "**Dealers' License and Regulations Office.**"  
**FEES: \$301.50** – for each distributor or manufacturer license; **\$101.50** – for each representative.
8. Renewal application must be signed by a corporate officer, partner, owner or authorized agent, and notarized.

**If additional forms are required, you may find the form on the DMV website: [www.dmv.ri.gov](http://www.dmv.ri.gov)**



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
**DIVISION OF MOTOR VEHICLES - DEALERS' LICENSE AND REGULATIONS OFFICE**  
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 www.dmv.ri.gov

## NEW/RENEWAL APPLICATION FOR DISTRIBUTOR OR MANUFACTURER LICENSE

USE BLUE OR BLACK INK ONLY

### DMV Official Use Only – DO NOT COMPLETE THIS SECTION

License # \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

#### Application Type (check one):

 NEW

 MANUFACTURER  
 DISTRIBUTOR

 RENEWAL

 MANUFACTURER  
 DISTRIBUTOR

LICENSE #: \_\_\_\_\_

#### Applicant Information

CORPORATE NAME:		D/B/A NAME:	
APPLICATION DATE:	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 RI? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ANY STATE IDENTIFICATION NUMBER: _____			

#### PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORIZATION THAT WAS ISSUED IN RHODE ISLAND

MAIN BUSINESS ADDRESS:		CITY/TOWN:	STATE:	ZIP CODE:
MAILING ADDRESS (IF DIFFERENT FROM MAIN BUSINESS ADDRESS):		CITY/TOWN:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:		
NAME OF DIVISION (A separate application is needed for each division):		WHAT MAKE OF MOTORIZED VEHICLES FOR THIS DIVISION?: _____ _____		
MANUFACTURING COMPANY NAME AND ADDRESS WHO AUTHORIZES YOUR COMPANY TO SELL THEIR PRODUCTS: <i>(DISTRIBUTOR ONLY)</i>				

#### Name, Title and Address of Each Officer, Partner, Member, Director or Corporate Officer

NAME	TITLE	COMPLETE RESIDENTIAL ADDRESS

#### List All Your Franchised Rhode Island Dealers (Only for Franchise(s) Listed on this Application):

NAME	DEALER'S LICENSE #	COMPLETE BUSINESS ADDRESS

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM \_\_\_\_\_ (TITLE, IF ANY) OF THE ABOVE FIRM AND THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES



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## NEW/RENEWAL APPLICATION FOR REPRESENTATIVE LICENSE

USE BLUE OR BLACK INK ONLY

### DMV Official Use Only – DO NOT COMPLETE THIS SECTION

License # \_\_\_\_\_

Date \_\_\_\_\_

Check # \_\_\_\_\_

#### Application Type (check one):

 NEW

 MANUFACTURER  
 DISTRIBUTOR

 RENEWAL

 MANUFACTURER  
 DISTRIBUTOR

LICENSE #: \_\_\_\_\_

REP LICENSE #: \_\_\_\_\_

#### Applicant Information

APPLICANT NAME: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

#### Company Information

NAME OF COMPANY REPRESENTED: \_\_\_\_\_

DIVISION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PRIMARY SERVICES:

SALES:  YES  NO

PARTS:  YES  NO

ACCESSORIES:  YES  NO

I, THE UNDERSIGNED, HEREBY DECLARE THAT I AM \_\_\_\_\_ (TITLE, IF ANY) OF THE ABOVE FIRM AND THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY OWNER/OFFICER SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES