CHANGE IN CORPORATE OFFICERS

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue, Cranston, RI 02920-3024
www.dmv.ri.gov

THIS APPLICATION CAN ONLY BE FILED WHEN AT LEAST ONE OF THE PRESENT CORPORATE OFFICERS OF AN EXISTING LICENSED DEALERSHIP REMAIN ON THE RECORD FOR SIX (6) MONTHS FROM THE EFFECTIVE DATE OF THIS APPLICATION.

PLEASE SUBMIT THE FOLLOWING:

1. COMPLETED APPLICATION FORM, SIGNED AND NOTARIZED BY AN EXISTING CORPORATE OFFICER. THIS FORM MUST STATE THE NEW CORPORATE OFFICERS AND THE ONES REMAINING ON THE RECORD AND ALL THEIR CORPORATE TITLES.

2. EACH NEW CORPORATE OFFICER WHO WHISHES TO BE A PART OF THE CORPORATION (AS LISTED ON THE APPLICATION) MUST COMPLETE A CRIMINAL IDENTIFICATION.


4. A NEW $50,000 LINE OF CREDIT HAS TO BE OBTAINED BY THE NEW CORPORATE OFFICER (S) AND SUBMITTED TO THIS OFFICE PRIOR TO THE NEW CORPORATE OFFICERS CHANGE.


THE RHODE ISLAND MOTOR VEHICLE DEALER’S LICENSE AND REGULATIONS OFFICE RESERVES THE RIGHT TO DENY AN APPLICATION FOR ANY CHANGES WHEN NOT IN COMPLIANCE OF THE RHODE ISLAND MOTOR VEHICLE DEALERS’ LICENSE & REGULATIONS LAWS, RULES AND/OR REGULATIONS.
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1. DATE: ______________________________________

2. CORPORATE NAME: ______________________________________________________________
   DBA NAME: _________________________________________________________________________
   PRINCIPAL BUSINESS LOCATION: ______________________________________________________
   BUSINESS PHONE #: ________________________ CELL #: _________________________
   HOME #: _________________________ FAX #: _________________________

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 ( )

6. HOW LONG HAVE YOU BEEN ESTABLISHED AS A DEALER? _______________________________

7. IF A NEW CAR DEALER, WHAT MAKE OF VEHICLES? _____________________________________

8. HAVE YOU A DEALERS’ 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 SALESMAN EMPLOYED: ______________________

13. NAME OF INSURANCE COMPANY: __________________________________________________________

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.
   WRITTEN SIGNATURE OF APPLICANT: ______________________________________________________
   STATE OF RHODE ISLAND
   COUNTY OF: ____________________________________
   SUBSCRIBED AND SWORN TO BEFORE ME THIS ________ DAY OF ___________________ 20____
   COMMISSION EXPIRES ___________________ NOTARY PUBLIC

   ALL LISTED OFFICERS MUST REMAIN ON RECORD AT LEAST SIX (6) MONTHS AFTER THE
   EFFECTIVE DATE OF THIS APPLICATION

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CHANGE IN CORPORATE OFFICERS

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
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www.dmv.ri.gov

EMPLOYEE LIST

Corporate Name: ____________________________________________

d/b/a Name: ______________________________________________

List all employees who are presently on your payroll and receive W-2 forms:

<table>
<thead>
<tr>
<th>Name</th>
<th>Drivers License#</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________________________</td>
<td>__________________</td>
</tr>
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<tr>
<td>_________________________________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF EMPLOYEES LISTED: _____________________________

PLEASE SUBMIT A NEW LIST EVERY TIME THERE IS AN EMPLOYEE CHANGE.

1099 FORMS ARE NOT ACCEPTED IN THE DEALERS’ LICENSE & REGULATIONS OFFICE

This form must have the companion Workers’ Compensation List and stamped copies of the DWC-11 forms for employees excluding themselves from Workers’ Compensation attached.

Have you or any of your employees had any criminal charges or violations of Rhode Island General Laws lodged against them in court within the last 12 months? Yes____   No____

If yes, please explain in detail on additional sheet.

I, the undersigned, hereby declare under the penalty of perjury, that I have examined this statement regarding the number of employees, and to the best of my knowledge this is true and correct. Rhode Island General Laws §31-11-17.

State of Rhode Island
County:______________                  Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this _______ day of _____________ 20____

______________________________                       ______________________________
Notary Public                                      Commission Expires

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WORKERS’ COMPENSATION INSURANCE REQUIREMENTS

Corporate Name:________________________________________________________

   d/b/a Name:____________________________________________________________

   Employees not listed on this form require a waiver from Workers’ Compensation.

LIST ALL EMPLOYEES PROTECTED BY WORKERS’ COMPENSATION INSURANCE COVERAGE
   BOTH SOCIAL SECURITY AND DRIVERS LICENSE NUMBERS ARE REQUIRED.

Name: ____________________________________________________ Drivers License#______________________
Name: ____________________________________________________ Drivers License#______________________
Name: ____________________________________________________ Drivers License#______________________
Name: ____________________________________________________ Drivers License#______________________
Name: ____________________________________________________ Drivers License#______________________
Name: ____________________________________________________ Drivers License#______________________
Name: ____________________________________________________ Drivers License#______________________

TOTAL NUMBER OF EMPLOYEES LISTED:________________________________

Please notify this office of any changes to this list as they occur.

All Rhode Island employers with one or more employees are required to obtain worker compensation insurance coverage. This includes both full time and part time workers. Sole proprietors, partners, members of limited liability companies and independent contractors are not included. Most corporate officers are included when determining coverage requirements. Employees, including corporate officers, may exclude themselves from coverage by filing a DWC-11 form with the Department of Labor and Training, Division of Workers’ Compensation.

Some exemptions to the insurance coverage requirement are, domestic servants, some farmers and farm laborers, some arborists and nursery personnel and certain real estate persons.

The penalty for failure to provide workers’ compensation insurance is up to $500 to $1000 per day of non-compliance. The Director of the Department of Labor and Training may close a business for a failure to provide workers’ compensation insurance. Knowing failure to provide workers’ compensation insurance may result in a felony charge with imprisonment of up to two (2) years and/or a fine of $10,000.

For further information on compliance and enforcement, please contact (401) 462-8100 and press option #8, or contact and Education Unit Representative at the same number but choose option #1.

State of Rhode Island     _________________________ ______________
County:_______________    Signature of Owner, Partner or Corporate Office

Subscribed and sworn to before me this _______day of _____________20_____

________________________________   ________________ ______________
Notary Public       Commission Expires

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DEALERS’ EMPLOYEE AUTHORIZATION

Dealership Licensed Name:

Business Address:

Authorization Number:

The following people, including owner, partner and corporate officer, are properly authorized to pick up 20-Day Temporary Plates, Loaner Agreement Forms and other forms as allowed by the Department of Motor Vehicles for the above named dealership.

<table>
<thead>
<tr>
<th>Name</th>
<th>Drivers’ License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>2.________________________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>3.________________________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

It is understood that every dealership is entitled to list a maximum of three (3) employees who are noted on the Employee List receiving a W-2 form. You must contact the Dealers’ License & Regulations office if you must make any changes to this list.

NOTE: This is not an authorization to register vehicles in the Dealers’ Room.

____________________________________  ______________________________________
Signature of Owner, Partner or Corporate Office  Print Name

State of Rhode Island
County:_________________

Subscribed and sworn to before me this _______day of _______________20_____  
_________________________________  ________________ ______________
Notary Public      Commission Expires

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CHANGE IN CORPORATE OFFICERS

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Name: _______________________________________ Date of Birth: _______________________

Prior Name: ________________________________ Social Security No.: __________________ 

Residence Address: _______________________________________________________________

Dealership Name: _______________________________________________________________

Business Address: ______________________________________________________________

Have you ever had criminal charges or civil action lodged against you in court? _____________

If yes, please explain in writing: ___________________________________________________
______________________________________________________________________________

DISCLAIMER

I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for
the State of Rhode Island to make available to the Rhode Island Motor Vehicle Dealers’ License & Regulation
Office any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature
and description, arising from any release of criminal records and request there from, whatsoever against the
State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney
General’s Office in both law and equity which I may now have or in the future may have.

____________________________
Signature of Applicant

Sworn to before me in the City of __________________________ State of
________________________________ this __________ day of ____________, 20____

____________________________
Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this disclaimer