THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITHIN 10 DAYS OF THE CHANGE OF OWNER/PARTNER. ALL REQUIRED FORMS MUST BE SUBMITTED AT ONE TIME, WE CANNOT ACCEPT INCOMPLETE APPLICATIONS. ONE OF THE PRESENT OWNERS/PARTNERS MUST REMAIN ON RECORD FOR A MINIMUM OF SIX (6) MONTH AFTER THE EFFECTIVE DATE OF THE CHANGE.

PLEASE SUBMIT THE FOLLOWING:

1. COMPLETED APPLICATION FORM, SIGNED AND NOTARIZED, STATING NEW OWNER/PARTNER NAMES AND RESIDENCE ADDRESSES.

2. A LETTER, SIGNED BY A PRESENT OWNER/PARTNER AND NOTARIZED, REQUESTING TO BRING ON AN ADDITIONAL OWNERS/PARTNERS INTO THE DEALERSHIP, STATING THEIR FULL NAMES AND RESIDENCE ADDRESSES.

3. B.C.I. (BUREAU OF CRIMINAL IDENTIFICATION FORM) MUST BE COMPLETED BY ALL NEW OWNERS/PARTNERS ONLY, AND RETURN TO THIS OFFICE FOR OUR CHECKING THROUGH B.C.I.

4. $50,000 SURETY BOND ISSUED TO ALL OWNERS/PARTNERS OF THE DEALERSHIP OR A RIDER DOCUMENT FROM YOUR INSURANCE COMPANY ON THE PRESENT BOND YOU HAVE ON FILE AMENDING THE PRINCIPALS TO READ: “STATE ALL THE OWNERS/PARTNERS NAMES”.

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

6. A NEW $50,000 LINE OF CREDIT HAS TO BE OBTAINED BY THE NEW OWNER/PARTNER AND SUBMITTED TO THIS OFFICE PRIOR TO THE CHANGE OF OWNER/PARTNER.


THE RHODE ISLAND MOTOR VEHICLE DEALER’S LICENSE AND REGULATIONS OFFICE RESERVES THE RIGHT TO INVESTIGATE ALL DOCUMENTS SUBMITTED WITH THIS APPLICATION AND ARE SUBJECT TO APPROVAL BY THIS OFFICE.
STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Dealer Section
600 New London Avenue, Cranston, RI 02920-3024
www.dmv.ri.gov

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? ________________________
   PASSENGER CARS ONLY ( ) MOTORCYCLES ( ) TRUCKS ONLY ( ) TRACTOR-TRAILERS ( )

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____

   COMISSION EXPIRES ________________________ NOTARY PUBLIC ________________________
   ALL LISTED OWNERS OR PARTNERS MUST REMAIN ON RECORD AT LEAST SIX (6) MONTHS AFTER THE EFFECTIVE DATE OF THIS APPLICATION

DLR006 Dated: 8-25-10 Page 1
EMPLOYEE LIST

Corporate Name: ____________________________________________________________

d/b/a Name: _________________________________________________________________

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

Name: __________________________________________________Drivers License#_______________________

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 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
WORKERS’ COMPENSATION INSURANCE REQUIREMENTS

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

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#______________________
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

DLR006 Dated: 8-25-10 page 3
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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DEALERS’ EMPLOYEE AUTHORIZATION

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

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

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