

# **DISTRIBUTORS AND REPRESENTATIVES LICENSES INTRUCTIONS**

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES  
Dealer Section  
600 New London Avenue ,Cranston, RI 02920-3024  
[www.dmv.ri.gov](http://www.dmv.ri.gov)

ALL OF THE FOLLOWING DOCUMENTS MUST BE COMPLETED IN FULL AND SUBMITTED TO THIS OFFICE IN COMPLETE FORM OR THE APPLICATION WILL BE RETURNED.

1. APPLICATION MUST BE COMPLETED IN FULL, SIGNED BY A CORPORATE OFFICER, PARTNER, SOLE-OWNER OR AUTHORIZED AGENT AND NOTARIZED.
2. COVER LETTER ON A LETTER HEAD STATING THE COMPANY'S NAME AND ADDRESS REQUESTING A DISTRIBUTOR LICENSE
3. APPLICATION FOR DISTRIBUTOR
4. APPLICATION FOR DISTRIBUTOR REPRESENTATIVE
5. DEALER AGREEMENT (AGREEMENT LETTER WITH RHODE ISLAND DEALERSHIP) AND A FRANCHISE LETTER ON A LETTER-HEAD
6. A COPY OF LETTER OR AGREEMENT FROM THE MANUFACTURER COMPANY AUTHORIZATING YOUR COMPANY TO DISTRIBUTE THEIR PRODUCT.
7. LIST NAME AND ADDRESS OF RHODE ISLAND DEALERSHIPS AUTHORIZED TO SELL YOUR PRODUCT. (SEPARATE LIST FOR EACH FRANCHISE/DIVISION) IF ANY CHANGES DURING THE YEAR YOU MUST INFORM THIS OFFICE IN WRITING. YOU MUST PROVIDE A LETTER OF INTENT AND AGREEMENT LETTER WITH EVERY NEW DEALERSHIP YOU WILL BE SELLING YOUR PRODUCT IN RHODE ISLAND
8. BROCHURES OF THE PRODUCT YOU ARE SELLING IN THE STATE OF RHODE ISLAND
9. CHECK OR MONEY ORDER MADE PAYABLE TO: **"DEALERS' LICENSE & REGULATIONS OFFICE."**  
\$ 30150 – EACH DISTRIBUTOR  
\$ 101.50 – EACH DISTRIBUTOR REPRESENTATIVE  
THE CHECK MUST BE SUBMITTED WITH APPLICATION
10. YOU MUST CONTACT THE SECRETARY OF STATE AT 401-222-3040, OR <http://www.state.ri.us>, TO REGISTER YOUR COMPANY OR CORPORATION TO DO BUSINESS IN THE STATE OF RHODE ISLAND. PLEASE ATTACHED A COPY OF CERTIFICATE TO THE APPLICATION
11. UPON RECEIPT OF ALL OF THE ABOVE DOCUMENTATION AND THE COMPLETED APPLICATIONS WE WILL THEN PROCESS FOR APPROVAL. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE AT: **401-462-5732**

IF ADDITIONAL FORMS ARE REQUIRED YOU MAY COPY THE PRESENT FORM.  
ALL LICENSES ARE ISSUED ON A CALENDAR YEAR BASIS AND ALL EXPIRE ON DECEMBER 31<sup>ST</sup> OF EACH YEAR. ALL DISTRIBUTORS, AND DISTRIBUTOR REPRESENTATIVES NEED TO BE LICENSED TO HAVE THE RIGHT TO DO BUSINESS WITH LICENSED RHODE ISLAND DEALERS, PURSUANT TO RHODE ISLAND GENERAL LAWS 31-5-21 et seq. AND 31-5-1 et seq. IF ANY CHANGES DURING THE YEAR YOU MUST INFORM THIS OFFICE IN WRITING.

RESPECTFULLY SUBMITTED,

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ADMINISTRATOR  
DIVISION OF MOTOR VEHICLES  
DLR008- DATED 8-25-10

**APPLICATION FOR LICENSING OF A DISTRIBUTOR**

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES  
Dealer Section  
600 New London Avenue ,Cranston, RI 02920-3024  
[www.dmv.ri.gov](http://www.dmv.ri.gov)

Date: \_\_\_\_\_

1. Corporate Name: \_\_\_\_\_

2. d/b/a Name: \_\_\_\_\_

3. 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 Rhode Island? YES \_\_\_\_\_ NO \_\_\_\_\_ ID# \_\_\_\_\_

Please attach a copy of your certificate of authority issued in Rhode Island

4. Business Address: \_\_\_\_\_

5. Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

6. Name of Division: \_\_\_\_\_

(Separate application for each division)

7. What make of Motorized Vehicles? \_\_\_\_\_

(List only make for division on this application)

8. Manufacturer Company who authorizes your company to sell their product.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

(Please attached a copy of authorization letter)

9. List Name, Address and Title of each owner, partner, director or corporate officer:

Name	Title	Residential Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Please list all the franchised Rhode Island dealers you hold franchise agreements with (only for franchise listed in this application):

Name/Dealers' license number	Address
_____	_____
_____	_____
_____	_____

Print name: \_\_\_\_\_

Signature (in full) \_\_\_\_\_ Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary public

\_\_\_\_\_  
Commission expires

Distributor license \$201.50

DLR008- DATED 8-25-10

**APPLICATION FOR LICENSING OF A DISTRIBUTOR REPRESENTATIVE**

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

APPLICATION FOR LICENSING OF DISTRIBUTOR REPRESENTATIVE

Date: \_\_\_\_\_

Full name of applicant: \_\_\_\_\_

Name of company represented: \_\_\_\_\_

Division: \_\_\_\_\_

Business address: \_\_\_\_\_

Tel#: \_\_\_\_\_ fax#: \_\_\_\_\_

Residence: \_\_\_\_\_

Tel#: \_\_\_\_\_

Are you connected with sales? \_\_\_\_\_ parts?: \_\_\_\_\_

Are you connected with accessories? \_\_\_\_\_

How long have you been with your present employer?: \_\_\_\_\_

How long have you been in your present position?: \_\_\_\_\_

Proof of affiliation with the above-name company must be attached to this application.

Applicant's signature (in full): \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notary public

commission expires

Distributor representative license fee: \$41.50