



**STATE OF RHODE ISLAND**  
**DIVISION OF MOTOR VEHICLES**  
Dealers License and Regulations Office  
600 New London Avenue  
Cranston, RI 02920-3024  
Phone: 401-462-5734 Fax: 401-462-5789  
Anne.Mancini@dmv.ri.gov

## **INSTRUCTIONS TO MAKE CHANGE TO A DEALERSHIP NAME**

1. The proposed dealership name must be approved by the Dealers' License and Regulations Office before any name change occurs.
2. Owners, partners, or corporate officers of the present company must remain the same on the name change application.
3. The application must be fully completed, signed and notarized.
4. Dealers located in those cities and towns that require licenses to deal in second-hand vehicles must make the change with their city/town, and the Dealers' License and Regulations Office must receive a copy of the new license or proof of the city/town of such change.
5. **For corporation:** Copy of Articles of Incorporation, copy of minutes showing the election of all corporate officers, a copy of Fictitious Name Report (if operating under D/B/A name), and a letter of Good Standing from the Rhode Island Secretary of State (LLC requires an operator's agreement).
6. A picture of your 24-sq. ft. (minimum size) sign, stating the exact new dealership name, as licensed.
7. A rider on the existing bond on file with this office, to amend the dealership name, or a new surety bond (if your company will not issue a rider document).
8. Insurance filing (GU-1338 certificate) on dealer plate insurance coverage. **D/B/A name only: Original Certificate must be sent to the Financial Responsibility Office, located within the Cranston DMV.** For information, contact the Financial Responsibility Office (401) 462- 9246.
9. A \$302.50 license fee
10. Once the above requirements are fulfilled by the dealership and approved by this office, the office will contact the applicant.  
The following documents must be received in this office to complete the application.
11. You must contact the Rhode Island Division of Taxation at [tax.excise@tax.ri.gov](mailto:tax.excise@tax.ri.gov), located at One Capitol Hill, Providence, to receive your sales tax permit. Please submit a copy of the tax permit to this office.
12. The old dealers license must be returned to this office.
13. A check must be provided to this office to pay for all registration. Please provide a TR-1 registration form for each plate (signed and notarized).
14. A copy of the new Bill of Sale reflecting the new dealership name.

# APPLICATION TO CHANGE DEALERSHIP NAME

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[www.dmv.ri.gov](http://www.dmv.ri.gov)

## OFFICIAL USE ONLY

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

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

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

Inv.'s Signature: \_\_\_\_\_

### DEALERSHIP NAME CHANGE

Date: \_\_\_\_\_ Dealer's License #: \_\_\_\_\_

Current Company Name: \_\_\_\_\_

Current D/B/A Name: \_\_\_\_\_

New Company Name: \_\_\_\_\_

New D/B/A Name: \_\_\_\_\_

Principal Business Location: \_\_\_\_\_

Business #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Home #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

### LOCATION OF BRANCH OFFICES OR ANNEX (if any)

Business Address: Number & Street	City/Town	State	Zip Code

Give names and addresses of **ALL** officers and members of the firm:

Title	Name	Residence Address

Number of Salespersons Employed: \_\_\_\_\_ 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\_\_

Notary Public Signature \_\_\_\_\_ Commission expires \_\_\_\_\_

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



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### EMPLOYEE LIST

Corporate Name: \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

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

Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____
Name: _____	Driver's License #: _____

TOTAL NUMBER OF EMPLOYEES LISTED: \_\_\_\_\_

**NOTE: Please submit a new list every time there is an employee change. 1099 forms are not accepted in the Dealers' License & Regulation Office.**

Have you or any of your employees had any criminal charges or violations of Rhode Island General Laws lodged against them?  YES  NO

If so, please explain in detail on an additional sheet.

I, the undersigned, hereby declare under 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.

Signature of Owner, Partner, or Corporate Officer: \_\_\_\_\_

State of Rhode Island

County of: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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 need to 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 Officer: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of Rhode Island

County of: \_\_\_\_\_

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

\_\_\_\_\_  
*Notary Public*

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



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## DEALERS' RUNNER AUTHORIZATION

Dealership Licensed Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

### AUTHORIZED RHODE ISLAND DEALER RUNNERS

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Signature of Owner, Partner, or Corporate Officer: \_\_\_\_\_

Printed Name: \_\_\_\_\_

State of Rhode Island

County of: \_\_\_\_\_

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

\_\_\_\_\_  
**Notary Public**

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