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 $303.50 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, 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.

rev. 7/24/2025

APPLICATION TO CHANGE DEALERSHIP NAME

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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 entitles 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 _____