



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 www.dmv.ri.gov

INSTRUCTIONS TO MAKE APPLICATION TO CHANGE 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 only:** 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 Operating 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. You must contact the Rhode Island Division of Taxation to order forms, (401) 574-8869 or 574-8895, located at One Capitol Hill, Providence, to receive your sales tax permit and blue forms. Please submit a copy of the tax permit and blue forms to this office.
11. **An appointment is necessary to finalize this change.** A Licensing Aide from this office will contact you. On the date of finalization (after you filed all of the above), we must receive your dealer license and you must have a check available to pay for all new registrations immediately after changing your name with the Dealers' License and Regulations Office.

APPLICATION TO CHANGE DEALERSHIP NAME



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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 _____