



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES

DEALERS' LICENSE AND REGULATIONS OFFICE

600 New London Avenue, Cranston, RI 02920-3024

Phone: 401-462-5732 Fax: 401-462-5789 www.dmv.ri.gov

INSTRUCTIONS FOR NEW/RENEW APPLICATION FOR DISTRIBUTOR, MANUFACTURER OR REPRESENTATIVE LICENSE

NEW

1. Application(s) must be completed in full, signed by a corporate officer, partner, sole-owner, member or authorized agent and notarized.
2. Cover letter on a letterhead stating the company's name and address who is requesting the license.
3. Agreement letter with Rhode Island dealership and a franchise letter on official letterhead.
4. Application for Distributor or Manufacturer Representative(s) (**must have one**).
5. Check or money order made payable to: "**Dealers' License and Regulations Office.**"
FEES: \$302.50 – for each distributor or manufacturer license; **\$102.50** – for each representative.
6. You must contact the Rhode Island Secretary of State, (401) 222-3040 or www.sos.ri.gov, to register your company or corporation to do business in the State of Rhode Island. Please attach a copy of certificate along with the application.
7. All licenses are issued on a calendar year basis and all expire on December 31st of each year. All distributors, manufacturers, and representatives need to be licensed to have the right to do business with Rhode Island dealers, pursuant to Rhode Island General Laws § 31-5-1, et seq.
8. **For DISTRIBUTORS only:** a copy of a Letter of Authorization from the manufacturing company authorizing your company to distribute their product.
9. Pictures and information stating motor vehicle make and model specifications.

NOTE: If there are any changes in your current license, you must notify the DMV, in writing, and provide a letter of intent. You must also submit an agreement letter with every new dealership who will be selling your product in the State of Rhode Island.

RENEWAL

Your license(s) to do business in the State of Rhode Island will expire on December 31st of this year. Enclosed please find application(s) for renewal of your license(s). October 31st is the deadline to submit your renewal application. All Distributors, Manufacturers, and Representatives that are not licensed by January 1st of the subsequent year following the expiration on December 31st will be denied the right to do business with Rhode Island dealers. Pursuant to Rhode Island General Laws § 31-5-21, et seq., and § 31-5-1 et seq., all distributors and manufacturers must be licensed before Rhode Island dealers can obtain a dealer license and sell your line of products.

All required documents must be submitted to ensure the issuance of your license:

1. Distributor or Manufacturer Application.
2. Representatives Application.
3. Copy of your Franchise Letter with authorized Rhode Island dealers.
4. A list of Rhode Island dealers authorized to sell your products.
5. Copy of your Manufacturer/Distributor Agreement form (authorization letter from manufacturer to sell their product (**distributors only**)).
6. Copy of Certificate of Good Standing from the Office of the Secretary of State.
7. Check or money order made payable to: "**Dealers' License and Regulations Office.**"
FEES: \$302.50 – for each distributor or manufacturer license; **\$102.50** – for each representative.
8. Renewal application must be signed by a corporate officer, partner, owner or authorized agent, and notarized.

If additional forms are required, you may find the form on the DMV website: www.dmv.ri.gov



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NEW/RENEWAL APPLICATION FOR DISTRIBUTOR OR MANUFACTURER LICENSE

USE BLUE OR BLACK INK ONLY

DMV Official Use Only – DO NOT COMPLETE THIS SECTION

License # _____ Date _____ Check # _____

Application Type (check one):

 NEW

 MANUFACTURER
 DISTRIBUTOR

 RENEWAL

 MANUFACTURER
 DISTRIBUTOR

LICENSE #: _____

Applicant Information

CORPORATE NAME:		D/B/A NAME:	
APPLICATION DATE:	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 RI? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ANY STATE IDENTIFICATION NUMBER: _____			

PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORIZATION THAT WAS ISSUED IN RHODE ISLAND

MAIN BUSINESS ADDRESS:		CITY/TOWN:	STATE:	ZIP CODE:
MAILING ADDRESS (IF DIFFERENT FROM MAIN BUSINESS ADDRESS):		CITY/TOWN:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:		
NAME OF DIVISION (A separate application is needed for each division):		WHAT MAKE OF MOTORIZED VEHICLES FOR THIS DIVISION?: _____ _____		
MANUFACTURING COMPANY NAME AND ADDRESS WHO AUTHORIZES YOUR COMPANY TO SELL THEIR PRODUCTS: <i>(DISTRIBUTOR ONLY)</i>				

Name, Title and Address of Each Officer, Partner, Member, Director or Corporate Officer

NAME	TITLE	COMPLETE RESIDENTIAL ADDRESS

List All Your Franchised Rhode Island Dealers (Only for Franchise(s) Listed on this Application):

NAME	DEALER'S LICENSE #	COMPLETE BUSINESS ADDRESS

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.

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____

Subscribed and sworn to before me this _____ DAY OF _____, 20 _____.

NOTARY PUBLIC

COMMISSION EXPIRES



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NEW/RENEWAL APPLICATION FOR REPRESENTATIVE LICENSE

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DMV Official Use Only – DO NOT COMPLETE THIS SECTION					
License # _____		Date _____		Check # _____	
Application Type (check one):					
<input type="checkbox"/> NEW	<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR	LICENSE #: _____	REP LICENSE #: _____
Applicant Information					
APPLICANT NAME: _____		APPLICATION DATE: _____		E-MAIL ADDRESS: _____	
Company Information					
NAME OF COMPANY REPRESENTED: _____			DIVISION: _____		
BUSINESS ADDRESS: _____		CITY/TOWN: _____		STATE: _____	ZIP CODE: _____
TELEPHONE NUMBER: _____	FAX NUMBER: _____	E-MAIL ADDRESS: _____			
PRIMARY SERVICES:					
SALES: <input type="checkbox"/> YES <input type="checkbox"/> NO		PARTS: <input type="checkbox"/> YES <input type="checkbox"/> NO		ACCESSORIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	

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.

PRINTED NAME: _____

SIGNATURE: _____

COMPANY OWNER/OFFICER SIGNATURE: _____

TITLE: _____

Subscribed and sworn to before me this _____ DAY OF _____, 20 _____.

NOTARY PUBLIC

COMMISSION EXPIRES