



PERMIT APPROVED PERMIT DENIED

Processed by _____ Date Processed _____

/ Class _____ Exp: _____

Paid By: CHECK CASH CC

INSPECTION STATION APPLICATION
Standard – Fleet – Livestock
 USE BLUE OR BLACK INK ONLY

I. Applicant Information

CORPORATION NAME:		FEIN #:	
BUSINESS NAME:		RI SOS ID:	
BUSINESS TYPE: <input type="checkbox"/> CORPORATION / LLC <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> GOVERNMENT AGENCY		BUSINESS TELEPHONE:	
BUSINESS ADDRESS:	CITY/TOWN	STATE	ZIP
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)	CITY/TOWN	STATE	ZIP
EMAIL ADDRESS:		EMAIL CONTACT NAME:	
APPLICATION TYPE:	New Permit <input type="checkbox"/>	Existing Permit Renewal <input type="checkbox"/> Station # _____	Class Change of Existing Permit <input type="checkbox"/> Station # _____
			Address Change of Existing Permit <input type="checkbox"/> Station # _____

II. Inspection Station Information: Standard, Fleet Or Livestock

Has any inspection station appointment of yours been SUSPENDED, REVOKED or REFUSED? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what year? _____	NORMAL BUSINESS HOURS:
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STANDARD INSPECTION STATION PERMIT CLASSIFICATIONS:

<input type="checkbox"/> EA	All motor vehicles and all trailers registered with a gross weight of more than 1,000 pounds EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> EB	All motor vehicles that are registered with a gross weight of 8,500 pounds or less, EXCEPT trailers, livestock trailer, livestock semi-trailers and motorcycles.
<input type="checkbox"/> C	All motor vehicles that are registered with a gross weight of more than 8,500 and all trailers registered with a gross weight more than 1,000 pounds, EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> LD	Motor vehicles registered with a gross weight of 8,501 through 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> ELD	Motor vehicles registered with a gross weight up to 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> M	Motorcycles, motorized bicycles, motorized tricycles
<input type="checkbox"/> L	Livestock trailers and livestock semi-trailers

FLEET INSPECTION STATION CLASSIFICATIONS:

* Number of vehicles registered in R.I. (minimum of 10): _____

<input type="checkbox"/> FEA	All owned or leased motor vehicles and all owned or leased trailers registered with a gross weight of more than 1,000 pounds EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> FEB	All owned or leased motor vehicles that are registered with a gross weight of 8,500 pounds or less, EXCEPT trailers, livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> FC	All owned or leased motor vehicles that are registered with a gross weight of more than 8,500 and all trailers registered with a gross weight more than 1,000 pounds, EXCEPT livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> FLD	Owned or leased motor vehicles registered with a gross weight of 8,501 through 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> FELD	Owned or leased motor vehicles registered with a gross weight up to 15,000 pounds, EXCEPT: trailers, livestock trailers, livestock semi-trailers and motorcycles.
<input type="checkbox"/> FM	Owned or leased motorcycles, motorized bicycles, motorized tricycles
<input type="checkbox"/> FL	Fleet Station (limited to owned or leased vehicles)

III. Owners, Partners, Corporation Officers or LLC Members

TITLE:	NAME:	DRIVER'S LICENSE # & STATE
RESIDENCE ADDRESS:	CITY/TOWN	STATE ZIP PHONE
TITLE:	NAME:	DRIVER'S LICENSE # & STATE
RESIDENCE ADDRESS:	CITY/TOWN	STATE ZIP PHONE
TITLE:	NAME:	DRIVER'S LICENSE # & STATE
RESIDENCE ADDRESS:	CITY/TOWN	STATE ZIP PHONE
TITLE:	NAME:	DRIVER'S LICENSE # & STATE
RESIDENCE ADDRESS:	CITY/TOWN	STATE ZIP PHONE

IV. Certified Inspectors: List of all persons who are state certified inspectors employed at this station, attach additional sheet if needed.

INSPECTOR CERTIFICATION #:	NAME:	DRIVER'S LICENSE # & STATE
RESIDENCE ADDRESS:	CITY/TOWN	STATE ZIP PHONE
INSPECTOR CERTIFICATION #:	NAME:	DRIVER'S LICENSE # & STATE
RESIDENCE ADDRESS:	CITY/TOWN	STATE ZIP PHONE
INSPECTOR CERTIFICATION #:	NAME:	DRIVER'S LICENSE # & STATE
RESIDENCE ADDRESS:	CITY/TOWN	STATE ZIP PHONE

V. Insurance Information (Fleet Stations Exempt)

INSURANCE COMPANY, POLICY NUMBER and EFFECTIVE DATES:

GARAGE KEEPER'S LEGAL LIABILITY INSURANCE COMPANY, POLICY NUMBER and EFFECTIVE DATES:

Affidavit Of Compliance For Insurance Requirements

The Undersigned swears that he/she has now and will have continuously in effect a GARAGE KEEPER'S LEGAL LIABILITY POLICY WITH A MINIMUM OF \$25,000 Liability coverage, as well as a GARAGE LIABILITY INSURANCE POLICY meeting the minimum state limits, which will afford liability protection for the customer's vehicle while it is being tested or used in connection with the inspection of the vehicle.

VI. Signature

I, the undersigned, hereby make application for a Rhode Island Official Inspection Station Permit at the location indicated above. I agree to accept the responsibility from the State of Rhode Island to inspect vehicles in accordance with the State's Motor Vehicle Inspection Laws. I further agree to provide at least one qualified inspector and one approved inspection lane or bay, throughout the year, during my normal inspection hours as declared above. Livestock Station Inspectors must be knowledgeable in the safety requirements for the "TRANSPORTATION OF HORSES AND OTHER LIVESTOCK." I certify under penalty of perjury that I have read the statement "AFFIDAVIT OF COMPLIANCE FOR INSURANCE REQUIREMENTS" (Fleet stations exempt) and will abide by the conditions stated therein. Any violation of the rules and regulations of the Inspection Laws will be cause for suspension or revocation of the appointment as an Official Inspection Station.

SIGNATURE OF STATION OWNER, PARTNER OR LLC MEMBER: (must be listed in section III)	DATE: (MM/DD/YY)
PRINTED NAME AND TITLE OF PERSON SIGNING APPLICATION:	HOME TELEPHONE:

Notary Public

Subscribed and sworn to me this _____ day of _____, 20 _____.

NOTARY PUBLIC SIGNATURE:	PRINTED NAME OF NOTARY PUBLIC:	COMMISSION EXPIRATION DATE (MANDATORY):
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 **ENCLOSE \$27.50 CHECK OR MONEY ORDER, (DO NOT MAIL CASH)**
MAKE PAYABLE TO: RHODE ISLAND DMV (\$25.00 renewal fee + \$2.50 technology fee)

NOTE: A CERTIFICATE OF INSURANCE MUST BE ATTACHED FOR ALL NON FLEET STATION APPLICATIONS.

NO INSPECTION PERMIT SHALL BE ASSIGNED, TRANSFERRED OR USED AT ANY LOCATION OTHER THAN WHAT IS DESIGNATED ON THE STATION PERMIT.
NO INSPECTION PERMIT SHALL BE ASSIGNED TO A LOCATION THAT IS CURRENTLY ASSIGNED A PERMIT OF A SIMILAR CLASS.