State of Rhode Island
Division of Motor Vehicles
Dealers License and Regulations Office
600 New London Avenue, Cranston, RI 02920
PHONE: 401-462-5746 FAX: 401-462-5789

2027

RHODE ISLAND DEALERS' LICENSE UPDATE INSTRUCTIONS FOR 2026

Rhode Island General Law § 31-5-8§ License - Fee. (a) The license fee for each year shall be as follows: the fee for the license to each motor vehicle dealer shall be three hundred dollars ($300) plus a fee in like amount for each office or branch. (b) Commencing January 1, 2015, the license fee for the three-year (3) license duration shall be nine hundred dollars ($900) payable in installments of three hundred dollars ($300) per year (plus fees).

Completed Application for Renewal of Motor Vehicle Dealers' License to include the following:

- ☐ 1. Complete and notarize customer profile on page 1 and must match what we have on record.
- ☐ 2. An updated Employee List.
- ☐ 3. An updated Employee Authorization form.
- ☐ 4. An updated Dealer Runner Authorization form.
- ☐ 5. MVT-10 Authorization form.
- ☐ 6. A line of Credit Affidavit signed by a bank official and notarized. (enclosed)
- ☐ 7. $50,000 Surety Bond and Power of Attorney Authorization, notarized (sample enclosed)
- ☐ 8. Active Rhode Island sales tax permit.
- ☐ 9. Certificate of Certificate of Good Standing issued by the Secretary of State (if you are a corporation) You can contact the Secretary of State by calling (401) 222-3040 or accessing their website https://www.sos.ri.gov/.
- ☐ 10. An active 'Second Hand' license or equivalent, if required by your local city or town.
- ☐ 11. A company check in the amount of $303.50 payable to the "RI Dealers' License and Regulations Office" for each location.

Please send application in same order as listed above.

You must submit the required documentation either by mail or at the Dealers' License and Regulations Office drop box, 600 New London Avenue, Cranston, RI 02920 no later than November 1, 2026. This will allow this office enough time to process the required documentation prior to December 31, 2026. Please ensure that all the documents are completed in their entirety, and are signed by the appropriate corporate officer, sole owner or partner. When completing the required forms, please do not cross out or use correction fluid to correct errors. Please do not use staples in the renewal package. All signatures must be properly notarized prior to submission.

No changes will be accepted, example (name, officers, or locations). Changes may be made after the 2026 renewal has been approved.

Please note that incomplete or illegible forms cannot be processed and will be returned. The intentional submission of any false or fraudulent information will lead to the appropriate sanctions up to and including the potential suspension or revocation of your Dealers' License and possible criminal prosecution. No exceptions.

Rules and Regulations regarding Dealers, Manufacturers, and Rental Licenses can be located by going the DMV website at https://dmv.ri.gov/forms/business-forms.
As a licensed entity with the Dealer's Licensing and Regulations Office you are responsible for ensuring that your business complies with those rules and regulations.

If you have any questions or require additional information, you may contact the Dealer License and Regulation Office at (401) 462-5746.

Only one application for Main location and Annex is required.
Include a check for $303.50 for each location.

RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
600 NEW LONDON AVENUE, CRANSTON, RI 02920
TEL# (401) 462-5746 FAX # (401) 462-5789

OFFICIAL USE ONLY:

RECEIVED: _____

CHECK #_____

ISSUED: _____

2027

MOTOR VEHICLE DEALERS' RENEWAL APPLICATION

CUSTOMER PROFILE **DATE:**

1. Corporate Name:

2. d/b/a Name:

3. Principal Business Location: Number/Street City/Town State Zip code

4. Location of Annex Number/Street City/Town State Zip code

5.Telephone Number of Dealership: Fax Number:

Cell Phone Number: Home Phone Number:

E-mail: Federal Tax ID #

6.License Number(s): Main ☐ Annex ☐ Date of 1st original license. _____

7. Names, titles and addresses of all Corporate Officers, Owners or Partners of Dealership:

Name	Title and date of title	Residential Address

8. a.) Name of company you have contract or franchise with: Effective Date:

b.) If yes, what make of vehicles?

List Number of Vehicles sold from **January 1, 2026-** to present date for both main and annex:

New Vehicles Retailed: _____ Used Vehicles Wholesaled: _____

Used Vehicles Retailed: _____ Total Number of Vehicles Sold in **2026**: _____

Dealer Plates Assigned (list all): _____

900 Dealer Plates Assigned:_____

I, the undersigned, hereby declare that I am the owner, officer or member of the above dealership and that all the information contained on this application is true to the best of my knowledge or belief under the penalty of Perjury.

Signature of applicant: _____ Printed name: _____

STATE OF RHODE ISLAND COUNTY OF_____
Subscribed and sworn to before me this _____day
of_____20_____.

_____
Notary Public
Date Notary Term Expires: _____

State of Rhode Island
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Employee List

Corporate Name: _____

d/b/a Name: _____

General Manager Name_____Direct Phone#_____

List all employees who are presently on your payroll and receive W-2 forms:
1099 FORMS ARE NOT ACCEPTED IN THE DEALERS' LICENSE & REGULATIONS OFFICE

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

Name: _____ Drivers License#_____

TOTAL NUMBER OF EMPLOYEES LISTED: _____

PLEASE SUBMIT A NEW LIST ANY TIME THERE IS AN EMPLOYEE CHANGE.

Have you or any of your employees been convicted of a criminal offense within the last 12 months?
Yes____ No____
If yes, please explain in detail on additional sheet.

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DEALERS' EMPLOYEE AUTHORIZATION

Dealership Licensed Name: _____

Business Address: _____

_____

The following people, including owner, partner and corporate officer, are properly authorized to pick up **MVT10 forms** and other forms as allowed by the Department of Motor Vehicles for the above-named dealership.

Name	Drivers' License Number
1.	
2.	
3.	

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 must make any changes to this list.

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DEALERS' RUNNER AUTHORIZATION

Dealership Licensed Name: _____

Business Address: _____

RHODE ISLAND DEALER RUNNERS AUTHORIZED TO REGISTER VEHICLES ONLY

Name	Drivers' License Number
1.	
2.	
3.	

If the dealership is using a 3rd party registration service, please provide the following information for this service runner:

NAME_____

PHONE_____

EMAIL_____

* The service must check in with Enforcement with proof of employment from your dealership.

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Dealership Name: _____

Business Address: _____

MVT-10 INSTRUCTION FOR USE

Assignments must be completed **IN FULL** when transferring from dealer to dealer or dealer to private party, e.g., buyer and seller information, mileage, signatures, printed names dates, and dealer license number.

Dealers must complete **ALL** assignments on the title **BEFORE** using the MVT-10 form.
All reassignments (MVT-10) that are assigned to a dealership are to be used by that dealership **ONLY.**
Dealer is responsible for all MVT-10's assigned to the dealership.

We acknowledge that we have read the instructions for use of an MVT-10. It is understood that the dealership is responsible for the use of the MVT-10's assigned to them.

_____
SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER

_____
PRINTED NAME OF OWNER, PARTNER, OR CORPORATE OFFICER

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DEALERS' LINE OF CREDIT AFFIDAVIT

Pursuant to the Rules and Regulations Regarding Dealers, Manufacturers & Rental Licenses, the below named dealership maintains a line of credit of at least $50,000 at the following financial institution:

Dealership Licensed Name: _____

Business Address: _____

_____
Signature of Owner, Partner or Corporate Officer

_____
Print Name

_____
Name of financial institution)

_____
Address

_____
Phone Number

Authorized Financial Agent:

_____ _____
Print Name Authorized Financial Agent Signature

_____
Direct Phone Number

State of Rhode Island County_____

Subscribed and sworn to before me this _____day of _____20_____

_____ _____
Notary Public Commission Expires

State of Rhode Island
Dealers License and Regulations Office
600 New London Avenue, Cranston, RI 02920

SURETY BOND NO. _____

Know all men by these presents

That we_____
of _____
as principal and_____
a corporation organized under the laws of the State of _____
and authorized to do business in the State of Rhode Island and having an office at _____
_____ in the State of_____ as surety are held and firmly bound unto the Rhode Island Dealers License & Regulations office in the State of Rhode Island in the penal sum of _____dollars ($_____) lawful money of the United States of America, well and truly to be paid to the said Regulations Office or their successors, or assigns, for which payment, well and truly to be made, we bind ourselves, ours heirs, executors, administrators and successors jointly and severally, firmly by these presents. Said Regulations Office may assign to purchasers / sellers of motor vehicles from the principal any and all rights arising out of this obligation. WHEREAS, The principal has applied or is about to apply to the Rhode Island Dealers' License & Regulations Office for a license to conduct the business of a motor vehicle dealer pursuant to the provisions of Chapter 1499 Public Laws 1956 as amended, for the year commencing _____, 20 _____ and ending December 31, 20_____ at _____ in the State of Rhode Island.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said principal shall faithful comply with the provisions of the motor vehicles dealers license law, being Chapter 1499 Public Laws of 1956 as amended or as hereafter amended, and shall promptly pay all costs and damages incurred or caused by any violation of the provisions of said Chapter or any regulation of the Rhode Island Dealers' License & Regulations Office, then this obligation is to be void, otherwise to remain in full force and effect, subject, however, to the following conditions:

1. The aggregate liability of the Surety on account of any and all defaults hereunder shall in no event exceed the penal sum of this bond.

2. Unless previously cancelled, as hereinafter provided, this bond shall be in effect for the period of said license. Ending December 31st of the above-stated calendar year. The Surety may, however, at any time terminate its obligation hereunder by giving sixty (60) days written notice to said Principal and the Rhode Island Dealers' License & Regulations Office, in which event the liability of the Surety shall, at the expiration of said sixty (60) days, cease and determine, except as to such liability of the Principal for violation of said Chapter or regulation of said Regulations Office occurring prior to the expiration of said sixty (60) days.

3. No action to recover hereunder may be brought after the expiration of two (2) years from the termination of this bond.

Signed, sealed and
Delivered in the presence of:

Dealership Name: _____

Owners' Signature: _____

_____

Surety by _____

Print name of Insurance Agency

Surety Authorized Signature

Title_____

ACKNOWLEDGEMENT OF PRINCIPAL
(As owner, partner, or corporate officer)

STATE OF RHODE ISLAND
County of _____
On this _____ Day of _____ 20 _____ before me personally appeared the above named _____,
Representing_____ as to me known and known to me to be the same person described in and who executed the above instrument and duly acknowledged the execution of the same.

_____
Notary Public

Approved _____ 20 _____

Rhode Island Dealers' License & Regulations Office

_____
Administrator - DMV

IMPORTANT! THIS BOND IS NOT VALID UNLESS PROOF OF ACCEPTANCE (Power of Attorney Authorization) FROM INSURANCE COMPANY IS ATTACHED TO THIS DOCUMENT. SUBMIT ORIGINAL BONDS TO THE DEALERS' LICENSE AND REGULATIONS OFFICE, 600 NEW LONDON AVENUE, CRANSTON, RI 02920

Rev 9/2026