



State of Rhode Island
Division of Motor Vehicles
Dealers License and Regulations Office
600 New London Avenue, Cranston, RI 02920
PHONE: 401-462-5733 FAX: 401-462-5789

2026

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). Although the Dealer's License is valid for a three-year period, there are several requirements that need to be met each year to maintain your Dealers' License in good standing, and to receive the required authorization to renew your Dealer plates. These requirements are as follows.

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. An updated Permit to Make Sales at Retail that includes d/b/a name and address as licensed from the RI Division of Taxation that expires no earlier than June 30, 2026 for each dealership location.
- 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 December 1, 2025. This will allow this office enough time to process the required documentation prior to December 31, 2025. 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: _____

2026

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, 2025-** to present date for both main and annex: _____

New Vehicles Retailed: _____ Used Vehicles Wholesaled: _____

Used Vehicles Retailed: _____ Total Number of Vehicles Sold in **2025**: _____

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: _____

- | | | |
|-------------------------------------|---------|--------|
| 1.. Customer Profile | YES () | NO () |
| 2.. Employee List | YES () | NO () |
| 3. Employee Authorization Form | YES () | NO () |
| 4. Runner List | YES () | NO () |
| 5. MVT-10 Authorization | YES () | NO () |
| 6. Line of Credit Affidavit | YES () | NO () |
| 7. Bond to read exact as file card. | YES () | NO () |
| 8. Updated Tax Permit. | YES () | NO () |
| 9. Letter of Good Standing | YES () | NO () |
| 10. 2 nd Hand License | YES () | NO () |
| 11. Check Attached | YES () | NO () |
| Reviewed by _____ | | |

STATE OF RHODE ISLAND COUNTY OF _____
 Subscribed and sworn to before me this _____ day
 of _____ 20____.

 Notary Public
 Date Notary Term Expires: _____



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**2026
 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# _____

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



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 _____ Dealership Name: _____
Delivered in the presence of: _____

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