

COMMONWEALTH OF MASSACHUSETTS

FOR OFFICE USE ONLY:

REGISTERED GLASS NUMBER RG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MASSACHUSETTS DIVISION OF STANDARDS

ONE ASHBURTON PLACE RM 1115

BOSTON, MA 02108

617-727-3480

**APPLICATION FOR NEW REGISTERED MOTOR VEHICLE GLASS REPAIR SHOPS Registration fee is Four hundred and fifty dollars ($450.00) for a three year period.**

**In addition to the registration fee of $450.00 dollars, a surety bond or letter of credit in the amount of $10,000.00 must be on file with the Division of Standards. If a new bond is required, the original bond must accompany this application in accordance with the requirements of Massachusetts General Law Chapter 100A Section 2A. The form of payment accepted are: check or money order. Make check payable to the Commonwealth of Massachusetts. Please note: Cash is no longer accepted as a form of payment.**

TYPE OF SHOP: GLASS SHOP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AUTO BODY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GLASS AND AUTO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THIS A RENEWAL? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO IF YES, WHAT IS YOUR RG/RS NUMBER? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Print**

BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_

FEDERAL ID OR SOCIAL SECURITY NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SALES TAX NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU USE A MOBILE SERVICE VAN? \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_ NO. IF YES, VEHICLE REGISTRATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF APPLICANT IS A FIRM, PARTNERSHIP, ASSOCIATION OR CORPORATION, THE FOLLOWING MUST BE COMPLETED.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON IN CHARGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE NAME AND RESIDENCES OF OTHER PERSONS HAVING A DIRECT OR INDIRECT FINANCIAL INTEREST IN THE BUSINESS TO BE CONDUCTED UNDER THIS REGISTRATIONS ARE AS FOLLOWS:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE YOU OR ANY PERSON LISTED ABOVE BEEN CHARGED WITH, INDICTED FOR OR CONVICTED OF ANY FELONY DURING THE LAST FIVE (5) YEARS? IF SO GIVE DETAILS.**

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**HAVE YOU OR ANY PERSON LISTED ABOVE BEEN A PARTY IN ANY PROCEEDINGS PENDING IN ANY COURT INVOLVING FRAUD, DECEIT OR MISREPRESENTATION? IF SO EXPLAIN FULLY BELOW.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HAVE YOU OR ANY PERSON LISTED ABOVE, OR ANY MOTOR VEHICLE REPAIR SHOP IN WHICH YOU OR ANY PERSON LISTED ABOVE HAD A DIRECT OR INDIRECT FINANCIAL INTEREST, HAD A PREVIOUS APPLICATION FOR REGISTRATION DENIED OR A CERTIFICATE OR REGISTRATION SUSPENDED, REVOKED, OR SUSPENDED? IF SO, EXPLAIN WHY BELOW.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**LETTER OF RECOMMEDATION (NOT REQUIRED FOR RENEWALS)**

**LETTERS OF RECOMMEDATION MUST BE SIGNED BY TWO INDIVIDUALS WHO ARE EITHER: REGISTERED REPAIR SHOPS, ELECTED PUBLIC OFFICIALS OR MEMBER OF THE MASSACHUSETTS BAR.**

WE THE UNDERSIGNED, RECOMMEND THE APPLICANT NAMED HEREIN, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

FOR REGISTRATION AS GLASS REPAIR SHOP IN MASSACHUSETTS.

NAME OFFICIAL DESIGNATION PROVIDED LETTER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURSUANT TO MASSACHUSETTS GENERAL LAWS CHAPTER 100A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I HAVE FILED ALL STATE TAX RETURNS AND PAID STATE TAXES REQUIRED UNDER STATE LAW, THAT I HAVE COMPLIED WITH ALL LOCAL PERMITS, AND LICENSE REQUIREMENTS AND THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT DATE

IF APPLICANT IS A FIRM, PARTNERSHIP, ASSOCIATION OR CORPORATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF AUTHORIZED OFFICER DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME AND TITLE OF AUTHORIZED OFFICER