

**COMMONWEALTH OF MASSACHUSETTS**

FOR OFFICE USE ONLY:

REPAIR SHOP NUMBER: RS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MASSACHUSETTS DIVISION OF STANDARDS**

**ONE ASHBURTON PLACE RM 1115**

**BOSTON, MA 02108**

**617-727-3480**

**RENEWAL APPLICATION FOR REGISTERED MOTOR VEHICLE 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: AUTO BODY ONLY \_\_\_\_\_\_\_\_\_\_ GLASS SHOP ONLY\_\_\_\_\_\_\_\_\_\_\_ AUTO AND GLASS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PLEASE PRINT**

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

BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/TOWN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF LICENSED APPRAISER IN YOUR EMPLOY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPRAISER’S LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF THE NAME ABOVE IS DIFFERENT FROM THE OWNER OF BUSINESS, A LETTER MUST ACCOMPANY THIS APPLICATION CONFIRMING EMPLOYMENT AND STAMPED WITH THE INDIVIDUAL’S APPAISER’S SEAL**.

HAZARDOUS WASTE IS NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIABILITY INSURER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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ARE THE PUBLIC AREAS OF THIS FACILITY THAT YOU ARE APPLYING FOR REGISTRATION ACCESSIBLE TO PERSONS WITH DISABILITIES? \_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_ NO.

**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**