

Application for Registered Motor Vehicle Glass Repair Shop

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Registration fee is \$450.00 for a three year period, Mail to: Division of Standards, One Ashburton Place, Rm 1115, Boston, MA 02108

In addition to the registration fee of \$450.00 dollars, a surety bond, or letter of credit, in the amount of \$10,000 must accompany this application in accordance with the requirements of Massachusetts General Laws, Chapter 100 Section 2A.

Type of Shop: Auto Body _____ Glass Shop _____

Is this a RENEWAL? Yes _____ No _____ If Yes : Previous Reg. # _____

Business Name _____ Phone No.: _____

Business Address _____ City _____ Zip: _____

Federal ID or Social Security No.: _____ Sales Tax No.: _____

Do you use a mobile service van YES _____ NO _____ Vehicle Registration No _____

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 5 years? _____ if so give details _____

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. _____

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 fully

Are the public areas of this facility which you are applying for registration accessible to persons with disabilities? Yes _____ No _____.

Letter of Recommendation: (Not required for Renewals)

We, the undersigned, recommend the applicant names herein, _____, for Registration as Motor Vehicle Repair Shop in the Commonwealth of Massachusetts.

Name	Address	City/Town	Official Designation
_____	_____	_____	_____
_____	_____	_____	_____

Letters of recommendation must be signed by two individuals who are either Registered Motor Vehicle Repair Shops, elected public officials or members of the Massachusetts Bar.

Pursuant to Massachusetts General Laws Chapter 100A, I certify under the penalties of perjury that I have filed all state tax returns and paid all state taxes required under law, that I have complied with all local permit 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