



Rhode Island Department of Labor & Training  
 Division of Workforce Regulation & Safety/Mercantile Unit  
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**PETROLEUM DEALER LICENSE APPLICATION**

Do you need this application in a language other than English?  Yes  No If yes, what language? \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Social Security # \_\_\_\_\_

Enterprise Name: \_\_\_\_\_  
 (Name lettered on vehicle)

Company Name: \_\_\_\_\_  
 (Complete if company and enterprise name are different)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applications must have payment for processing.  
 Insurance certification of \$2,000,000 liability insurance must be sent with this application.

**Cancellation of insurance will cause your license to be suspended.**

Insurance Agency: \_\_\_\_\_ Agency Telephone: \_\_\_\_\_

Letter A Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**LIST DELIVERY TRUCKS ONLY (Registered and unregistered)**

Truck Make	Year	Model	Registration Plate Number	Equipment Number	Exp. Date Month/Year
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

List all additional trucks on separate sheet with above information. Total trucks registered: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_