

Application for Registration and Renewal

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USE BLUE OR BLACK INK ONLY

Transaction Type (Please Select One)	
<u>NEW REGISTRATION</u> (complete sections A, B, C, D, E, F, G, H, I) (NEW PLATES) <u>RENEWAL</u> (complete sections A, E, H, I) USE EXISTING PLATES PLATE #: _____	<u>DUPLICATE REGISTRATION</u> (complete sections A, B, C, E, H, I) <u>PLATE CHANGE</u> (complete sections A, B, C, E, H, I) STOLEN/LOST CANCEL/REASSIGN CURRENT PLATE #: _____
<u>UPDATE CURRENT INFO.</u> (complete sections A, B, C, H, I)	<u>SURVIVING SPOUSE</u> (complete sections A, C, D, E, F, G, H, I)
<u>OTHER</u> (complete sections A, H, I) VANITY PLATE ORDER REMAKE OF PLATE CHANGE PLATE DESIGN _____	

A. Owner's Information (Individual, Leasor Or Company)

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
OWNER'S DRIVERS LICENSE # / R.I. ID # / FEIN #:		DATE OF BIRTH (MM/DD/YY)		GENDER: MALE FEMALE		TELEPHONE: ()	
STREET ADDRESS: <i>RESIDENCE ADDRESS</i>				CITY/TOWN:		STATE:	ZIP:
STREET ADDRESS: <i>MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)</i>				CITY/TOWN:		STATE:	ZIP:
SECOND OWNER'S LAST NAME: <i>(IF APPLICABLE)</i>		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
SECOND OWNER'S DRIVERS LICENSE # / R.I. ID #:		DATE OF BIRTH (MM/DD/YY)		GENDER: MALE FEMALE		TELEPHONE: ()	
STREET ADDRESS: <i>SECOND OWNER'S RESIDENCE ADDRESS</i>				CITY/TOWN:		STATE:	ZIP:

B. Lessee's Information (Leased Vehicles)

LAST NAME OR BUSINESS NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
LESSEE DRIVER'S LICENSE # / R.I. ID # / FEIN #:		DATE OF BIRTH (MM/DD/YY)		GENDER: MALE FEMALE		TELEPHONE: ()	
STREET ADDRESS:				CITY/TOWN:		STATE:	ZIP:

C. Vehicle Information (Complete All Fields)

YEAR:	VIN:		MAKE:		MODEL:		BODY TYPE:	
MAJOR COLOR:	MINOR COLOR: <i>(IF APPLICABLE)</i>	# OF PASS:	# OF CYL:	SHIPPING WEIGHT:	GROSS WEIGHT:	MILEAGE:		
TYPE OF POWER (FUEL): GAS DIESEL ELECTRIC HYBRID OTHER		IS VEHICLE PART OF A FLEET? YES NO	DOES VEHICLE HAVE PICKUP BED? YES NO	CAMPERS AND TRAILERS ONLY LENGTH: _____ CARRYING CAP: _____		MOTORCYCLES/MOPEDS/SCOOTERS ONLY PEDALS? : YES NO ENGINE SIZE / CC / MPH #: _____ MAX. SPEED _____		

D. Commercial Truck/Truck Information Only

NUMBER OF AXLES: TRUCKS	NUMBER OF AXLES: TRACTORS	U.S. DOT NUMBER:	TRUCKS & TRACTORS: DISTANCE FROM FRONT TO REAR AXLES: (CENTER OF STEERING AXLE TO CENTER OF EXTREME REAR AXLE)				
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E. Insurance Information

LIABILITY INSURANCE COMPANY NAME:		POLICY NUMBER:		EFFECTIVE DATES: FROM: (MM/DD/YY) TO: (MM/DD/YY)	
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F. Lien Information (Complete This Information Only If There Is A Current Vehicle Loan)

FIRST LIEN HOLDER'S NAME:		DATE OF LIEN	
STREET ADDRESS:	CITY/TOWN:	STATE:	ZIP:
SECOND LIEN HOLDER'S NAME:		DATE OF LIEN	
STREET ADDRESS:	CITY/TOWN:	STATE:	ZIP:

G. Seller's Information

SELLER'S NAME:	DATE OF SALE:	DEALER'S LICENSE #:	
STREET ADDRESS:	CITY/TOWN:	STATE:	ZIP:

H. Signature

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO REGISTER THE ABOVE DECLARED VEHICLE AND AS PART OF MY APPLICATION DECLARE THAT I AM THE OWNER. I DECLARE UNDER PENALTY OF PERJURY THAT NO OTHER LIENS EXIST AGAINST THE VEHICLE EXCEPT AS DESCRIBED HEREIN AND THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE STATEMENT, "AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY" AND WILL ABIDE BY CONDITIONS STATED THEREIN.

PERSONAL INFORMATION CONTAINED IN YOUR MOTOR VEHICLE RECORD WILL BE DISCLOSED ONLY IF THE STATE HAS OBTAINED THE EXPRESS CONSENT OF THE PERSON TO WHO SUCH PERSONAL INFORMATION PERTAINS.

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

OWNER'S SIGNATURE:	DATE: (MM/DD/YY)
SECOND OWNER'S SIGNATURE:	IF CORPORATION, TITLE OR POSITION:
IF MINOR, SIGNATURE OF PARENT/GUARDIAN:	
NOTARY PUBLIC SIGNATURE:	NOTARY PRINTED NAME: DATE: (MM/DD/YY)
COMMISSION EXPIRATION DATE (MANDATORY):	

I. Name Of Person Submitting Documents

SIGNATURE:	PRINTED NAME:	LICENSE NUMBER/ID NUMBER AND STATE:
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<p>IMPORTANT INFORMATION</p> <p>6.0 – DECLARATION OF KNOWLEDGE:</p> <ul style="list-style-type: none"> Commercial motor vehicles with a gross vehicle weight of 10,000 pounds or more or transporting hazardous material: "I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and laws and declare that all operations will be conducted in compliance with requirements." Application must be signed by owner personally. Any vehicle registered to any other name than that of the owner constitutes an illegal registration and the registrant thereof is subject to penalty provided by law. RIGL § 31-33-11 prohibits the registration of a vehicle in the name of a person under sixteen (16) years of age. RIGL § 31-33-11 also requires that any person between sixteen (16) and eighteen (18) years of age establish evidence of financial responsibility with the Division of Motor Vehicles and to file with the Division a certificate of consent approved by parents or legal guardian before registration can be issued unless special approval is obtained from the Division. Registration card shall, at all times, be carried in the vehicle to which it refers or shall be carried by the person driving or in control of such vehicle. 	<p>AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY</p> <ul style="list-style-type: none"> The undersigned (hereinafter referred to as "applicant") swears that, in compliance with Title 31, Chapter 47 of the General Laws, Motor and Other Vehicles, known as the Motor Vehicles Reparation Act, he/she will not operate or be allowed to be operated the motor vehicle described in the registration nor other motor vehicle unless all such motor vehicles are covered for financial security. The act requires every natural person, firm, partnership, association or corporation registering a vehicle or renewing the registration of a vehicle to aver that he/she will provide financial security on same. Penalties for failure to comply with provisions of the act may result in fines and/or suspension of license and registration. The existence of this act and its requirements does not prevent the possibility that the applicant may be involved in an accident with the owner or operator of a motor vehicle who is without financial responsibility.
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FOR DMV USE ONLY		TIN # _____	CLERK'S NAME _____
SUSPENSIONS		BRANCH _____	DATE _____
<input type="checkbox"/> Emissions: 401-222-2983 / fax 401-222-1054	<input type="checkbox"/> Income Tax Block: 401-574-8941	TAX AMOUNT \$ _____	<input type="checkbox"/> CASH
<input type="checkbox"/> Operator Control: 401-462-0800	<input type="checkbox"/> Child Support: 401-458-4400	TOTAL AMOUNT \$ _____	<input type="checkbox"/> CHECK