

Application for Registration

http://www.dmv.ri.gov

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USE BLUE OR BLACK INK ONLY

Transaction Type (Please Select One)							
<input type="checkbox"/> NEW REGISTRATION (complete sections A, B, C, D, E, F, G, H, I)				<input type="radio"/> DUPLICATE REGISTRATION (complete sections A, B, C, E, H, I)			
<input type="checkbox"/> NEED NEW PLATES				<input type="radio"/> PLATE CHANGE (complete sections A, B, C, E, H, I)			
<input type="checkbox"/> USE EXISTING PLATES CURRENT PLATE #: _____				<input type="checkbox"/> STOLEN/LOST <input type="checkbox"/> CANCEL/REASSIGN CURRENT PLATE #: _____			
<input type="radio"/> UPDATE CURRENT INFO. (complete sections A, B, C, H, I)				<input type="radio"/> SURVIVING SPOUSE (complete sections A, C, D, E, F, G, H, I)			
<input type="radio"/> OTHER (complete sections A, H, I) <input type="checkbox"/> VANITY PLATE ORDER <input type="checkbox"/> REMAKE OF PLATE <input type="checkbox"/> 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: <input type="radio"/> MALE <input type="radio"/> 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: <input type="radio"/> MALE <input type="radio"/> 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: <input type="radio"/> MALE <input type="radio"/> 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): <input type="radio"/> GAS <input type="radio"/> DIESEL <input type="radio"/> ELECTRIC <input type="radio"/> HYBRID <input type="radio"/> OTHER		IS VEHICLE PART OF A FLEET? <input type="radio"/> YES <input type="radio"/> NO	DOES VEHICLE HAVE PICKUP BED? <input type="radio"/> YES <input type="radio"/> NO	CAMPERS AND TRAILERS ONLY LENGTH: _____ CARRYING CAP: _____		MOTORCYCLES/MOPEDS/SCOOTERS ONLY PEDALS?: <input type="radio"/> YES <input type="radio"/> 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: <i>(CENTER OF STEERING AXLE TO CENTER OF EXTREME REAR AXLE)</i>	
GROSS WEIGHT:		WHEN TRACTOR IS COMBINED WITH TRAILER THE LEGAL GROSS WEIGHT WILL BE DETERMINED BY THE DISTANCE FROM THE FRONT TO REAR AXLE AND NUMBER OF AXLES IN COMBINED UNIT					
E. Insurance Information							
LIABILITY INSURANCE COMPANY NAME:			POLICY NUMBER:		EFFECTIVE DATES: FROM: (MM/DD/YY) TO: (MM/DD/YY)		

CONTINUED ON BACK

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 A 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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IMPORTANT INFORMATION**6.0 -DECLARATION OF KNOWLEDGE:**

- 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.

AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY

- 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.

FOR DMV USE ONLY**SUSPENSIONS**

- Emissions:** 401-222-2983 / fax 401-222-1054
- Income Tax Block:** 401-574-8941
- Operator Control:** 401-462-0800
- Child Support:** 401-458-4400

CLERK'S NAME _____ DATE _____

BRANCH _____

Rhode Island DMV – Document Checklist (Registration)

Ver. 04/10.9

New Registration of Vehicles Purchased:

Other DMV Business

Dealer Sale	Private Party Sale	Plate Change	Re-Registration	Name Change
<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information <input type="checkbox"/> Dealer Sales Tax form <input type="checkbox"/> Bill of Sale <input type="checkbox"/> The gross vehicle weight <input type="checkbox"/> RI license or Identification Card	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance information <input type="checkbox"/> Sales Tax form <input type="checkbox"/> Title (If model year of vehicle is less than 10 years old) <input type="checkbox"/> VIN check if title is from another state <input type="checkbox"/> Bill of sale <input type="checkbox"/> Gross vehicle weight <input type="checkbox"/> RI license or Identification Card	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Registration certificate(s) <input type="checkbox"/> Insurance Information <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> Plates to be cancelled	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance information <input type="checkbox"/> Proof of ownership (Title or previous registration) <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> Plate number, if available	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Proof of identity (see list) <input type="checkbox"/> Insurance information <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> Title (If model year of vehicle is less than 10 years) <input type="checkbox"/> Social Security card with updated name* or notice with updated name
And ONE of the following: <input type="checkbox"/> Manufacturer's Statement of Origin (MSO) <input type="checkbox"/> Title VIN check if title is from another state Bill of sale				
Surviving Spouse <input type="checkbox"/> TR-1 form <input type="checkbox"/> Title (in name of deceased) if vehicle < 10 years old <input type="checkbox"/> Current registration <input type="checkbox"/> Death certificate (original) <input type="checkbox"/> Complete form on back of title*				
Address Change <input type="checkbox"/> Change of Address card <input type="checkbox"/> Insurance information <input type="checkbox"/> RI license or Identification Card				

Identity documents (legal name and date of birth)*:

Signature Documents

Proof of Residency

- Valid U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year)
 - Birth certificate (must be original or certified copy, have a seal, and be issued by an authorized government agency such as the Bureau of Vital Statistics; hospital issued certificates are not acceptable)
 - Baptismal certificate (must be original or certified copy, be issued by a church in the U.S., have an issue date of within one year of applicant's birth, and contain the date of birth).
 - U.S. or foreign passport (B1, B2 and expired passports are not acceptable)
 - U.S. Naturalization Certificate
 - INS form I-94 (document showing entry into U.S.).
 - INS form I-688 (Temporary Resident Identification Card).
 - INS form I-688B, I-766 (Employment Authorization Card).
 - U.S. Active Service, Retiree, or Reservist Military ID Card.
- * Government issued Marriage Certificate/License required to prove name change from primary identity document.
- Valid U.S./U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year)
 - U.S. or foreign passport (B1, B2 and expired passports are not acceptable).
 - Social Security Card.
 - Work or school ID.
 - U.S. Active Service, Retiree, or Reservist Military ID Card.
- Valid Voter Registration Card.
 - Utility bill (gas, electric, telephone, cable, oil) in your name or in the name of an immediate family member with the same last name.
 - Personal check or bank statement with your name and address (no P.O. box).
 - Valid original lease agreement with your name and address. (Landlord's name, address, and telephone number also must be provided.)
 - Payroll check with your name and address.
 - Welfare check stub or food stamp card with your name and address.
 - Insurance policy for your home/apartment with your name and address.
 - Property tax bill for your residence.
 - If a minor, school records and parent's license/ID with same address will be accepted.

* Special instructions for Surviving Spouse: Complete the back of the title by signing the vehicle over to yourself and include the current mileage of the vehicle being transferred. You do not need to provide a title if the vehicle is more than ten years old.

Making sure you have what you need when you come to the DMV makes a shorter wait for everyone!

Rhode Island DMV – Document Checklist (Registration)

Ver. 04.10.22

New Registration of Vehicles Purchased: Other DMV Business

Dealer Sale	Private Party Sale	Plate Change	Re-Registration	Name Change
<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information <input type="checkbox"/> Dealer Sales Tax form <input type="checkbox"/> Bill of Sale <input type="checkbox"/> The gross vehicle weight <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> RI Use tax form / Out of State Dealers Only	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance information <input type="checkbox"/> Sales Tax form <input type="checkbox"/> Title (if model year of vehicle is less than 10 years old) <input type="checkbox"/> VIN check if title is from another state <input type="checkbox"/> Bill of sale <input type="checkbox"/> Gross vehicle weight <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> Proof of Previous Owner (non titled vehicles)	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Registration certificate(s) <input type="checkbox"/> Insurance information <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> Plates to be cancelled Surviving Spouse <input type="checkbox"/> TR-1 form <input type="checkbox"/> Title (in name of deceased) if vehicle < 10 years old <input type="checkbox"/> Current registration <input type="checkbox"/> Death certificate (original) <input type="checkbox"/> Complete form on back of title*	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance information <input type="checkbox"/> Proof of ownership (Title or previous registration) <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> Plate number, if available	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Proof of identity (see list) <input type="checkbox"/> Insurance information <input type="checkbox"/> RI license or Identification Card <input type="checkbox"/> Title (if model year of vehicle is less than 10 years) <input type="checkbox"/> Social Security card with updated name* or notice with updated name Address Change <input type="checkbox"/> Change of Address card <input type="checkbox"/> Insurance information <input type="checkbox"/> RI license or Identification Card

And the following:

- Manufacturer's Statement of Origin (MSO)
- Title VIN check if title is from another state

Identify documents (legal name and date of birth)*:

Signature Documents

Proof of Residency

<ul style="list-style-type: none"> ▪ Valid U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year) ▪ Birth certificate (must be original or certified copy, have a seal, and be issued by an authorized government agency such as the Bureau of Vital Statistics; hospital issued certificates are not acceptable) ▪ Baptismal certificate (must be original or certified copy, be issued by a church in the U.S., have an issue date of within one year of applicant's birth, and contain the date of birth). ▪ U.S. or foreign passport (B1, B2 and expired passports are not acceptable) ▪ U.S. Naturalization Certificate ▪ INS form I-94 (document showing entry into U.S.). ▪ INS form I-688 (Temporary Resident Identification Card). ▪ INS form I-688B, I-766 (Employment Authorization Card). ▪ U.S. Active Service, Retiree, or Reservist Military ID Card. 	<ul style="list-style-type: none"> ▪ Valid U.S./U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year) ▪ U.S. or foreign passport (B1, B2 and expired passports are not acceptable). ▪ Social Security Card** ▪ Work or school ID. ▪ U.S. Active Service, Retiree, or Reservist Military ID Card. 	<p>Within 60 Days</p> <ul style="list-style-type: none"> ▪ Utility bill (gas, electric, telephone, cable, oil) in your name or in the name of an immediate family member with the same last name. ▪ Personal check or bank statement with your name and address (no P.O. box). ▪ Payroll check with your name and address. ▪ Welfare check stub or food stamp card or RI EBT Card with your name and address. <p>Within Valid Effective Dates</p> <ul style="list-style-type: none"> ▪ Insurance policy for your home/apartment with your name and address. ▪ Property tax bill for your residence. ▪ If a minor, school records, which include the student's address and are for the current school year (or past year if during summer vacation). Acceptable records include a report card, diploma, transcript or ID card, together with parent's license/ID with same address. ▪ Valid Voter Registration Card <p>Within 30 Days</p> <ul style="list-style-type: none"> ▪ Letter from Rhode Island shelter or halfway house indicating that applicant resides there. Such a letter must be on letterhead, must be dated within presentation and must include name and contact information of an administrator of the shelter or halfway house.
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* Government issued Marriage Certificate/License required to prove name change from primary identity document.

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