

Application for Registration and Renewal

<http://www.dmv.ri.gov>

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Page 1 of 2

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) <i>(NEW PLATES)</i>				<u>DUPLICATE REGISTRATION</u> (complete sections A, B, C, E, H, I)			
<u>RENEWAL</u> (complete sections A, E, H, I) USE EXISTING PLATES PLATE #: _____				<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)				
E. Insurance Information							
LIABILITY INSURANCE COMPANY NAME:			POLICY NUMBER:		EFFECTIVE DATES: FROM: (MM/DD/YY) TO: (MM/DD/YY)		

CONTINUED ON BACK

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

TIN # _____ CLERK'S NAME _____

BRANCH _____ DATE _____

TAX AMOUNT \$ _____ CASHTOTAL AMOUNT \$ _____ CHECK

Dealer Sale	Private Party Sale	Plate Change	Renewal / Re-Registration	Out-of-State Transfer
<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Dealer Sales Tax form <input type="checkbox"/> Bill of Sale <input type="checkbox"/> 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"/> Power of Attorney (if leased vehicle) And the following: <input type="checkbox"/> Manufacturer's Statement of Origin (MSO) or Title (if model year is less than 11 years old) <input type="checkbox"/> VIN check – if title is from another state (if model year is less than 11 years old)	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Sales Tax form <input type="checkbox"/> Title (if model year of vehicle is less than 11 years old) <input type="checkbox"/> VIN check – if title is from another state (if model year is less than 11 years old) <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"/> Gift letter (notarized if vehicle gifted is from a non-immediate family member)	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Registration Certificate(s) <input type="checkbox"/> RI license or identification card <input type="checkbox"/> Plates to be canceled <input type="checkbox"/> Power of Attorney (if leased vehicle)	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <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"/> Power of Attorney (if leased vehicle)	<input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Title – copy of title if financed or leased (if model year of vehicle is less than 11 years old) <input type="checkbox"/> VIN check (if model year is less than 11 years old) <input type="checkbox"/> Tax exempt card <input type="checkbox"/> Tax questionnaire (Bill of Sale, if applicable) <input type="checkbox"/> RI license or identification card (if out-of-state license is presented, proof of residency is additionally required) <input type="checkbox"/> Proof of Ownership (non-titled vehicles) <input type="checkbox"/> Power of Attorney (if leased vehicle)
		Surviving Spouse <input type="checkbox"/> TR-1 form <input type="checkbox"/> Title, in name of deceased (if vehicle is less than 11 years old) <input type="checkbox"/> Current registration <input type="checkbox"/> Death certificate (original) <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> RI license or identification card	Duplicate <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> RI license or identification card <input type="checkbox"/> Plate number (if available) <input type="checkbox"/> Power of Attorney (if leased vehicle)	
Name Change <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> RI license or identification card (with updated name) <input type="checkbox"/> Title (if model year of vehicle is less than 11 years old)	Address Change <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Change of Address Card (if by mail) <input type="checkbox"/> RI license or identification card			

Proof of Residency
<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 stub 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.

Identity documents (legal name and date of birth)
<ul style="list-style-type: none"> ▪ RI license or identification card or valid out-of-state license
<p>IMPORTANT INFORMATION</p>
<ul style="list-style-type: none"> ◆ If person registering the vehicle is not present during the registration transaction, the registration application (TR-1) must be notarized. ◆ SALVAGE TITLES: All salvage titles less than 11 years old are required to have a Salvage VIN Inspection (TR-5). ◆ All documents are subject to review.