



NAME OF PERSON SUBMITTING DOCUMENTS TO DMV

PRINTED NAME: _____
SIGNATURE: _____
LICENSE #: _____ LICENSE STATE: _____

TRANSACTION TYPE (PLEASE SELECT ONE)

<input type="checkbox"/> NEW REGISTRATION PLATE #: _____ (complete sections A,B*,C,D,E,F,G)	<input type="checkbox"/> TRANSFER REGISTRATION PLATE #: _____ (complete sections A,B*,C,D,E,F,G)
<input type="checkbox"/> DUPLICATE REGISTRATION PLATE #: _____ (complete sections A,B*,D,E,G)	<input type="checkbox"/> PLATE CHANGE PLATE #: _____ (complete sections A,B*,D,E,G)
<input type="checkbox"/> UPDATE CURRENT INFORMATION PLATE #: _____ (complete sections A,B*,D,E,G)	<input type="checkbox"/> SURVIVING SPOUSE PLATE #: _____ (complete sections A,D,E,F,G)
<input type="checkbox"/> RENEWAL PLATE #: _____ (complete sections A,B*,D,E,G)	<input type="checkbox"/> TAX & TITLE (complete sections A,B*,C,E,F,G)

A. REGISTRANT – BUYER, LEASING COMPANY OR NEW OWNER

LAST NAME (OR COMPANY NAME): _____ PHONE #: _____
FIRST NAME: _____ MIDDLE INITIAL: _____ SUFFIX: _____
LICENSE #: _____ DATE OF BIRTH: _____
STREET ADDRESS: *RESIDENCE (WHERE VEHICLE IS KEPT OR GARAGED)* APT./FLOOR: _____
CITY / STATE / ZIP CODE: _____
TAX TOWN: _____ EMAIL ADDRESS: _____
STREET ADDRESS: *MAILING (IF ADDRESS IS DIFFERENT THAN RESIDENCE)* APT./FLOOR: _____
CITY / STATE / ZIP CODE: _____

SECOND OWNER INFORMATION, IF APPLICABLE

LAST NAME: _____ PHONE #: _____
FIRST NAME: _____ LICENSE #: _____ DATE OF BIRTH: _____

B*. LESSEE'S INFORMATION (IF VEHICLE IS LEASED)

LAST NAME (OR COMPANY NAME): _____
FIRST NAME: _____ MIDDLE INITIAL: _____ SUFFIX: _____
LICENSE #: _____ DATE OF BIRTH: _____
STREET ADDRESS: *RESIDENCE (WHERE VEHICLE IS KEPT OR GARAGED)* APT./FLOOR: _____
CITY / STATE / ZIP CODE: _____
TAX TOWN: _____ EMAIL ADDRESS: _____

C. SELLER'S INFORMATION

SELLER'S NAME: _____
STREET ADDRESS: _____ APT./FLOOR: _____
CITY/STATE/ZIP CODE: _____
DATE OF SALE: _____ RI DEALER'S LICENSE #: _____

D. INSURANCE INFORMATION

LIABILITY INSURANCE COMPANY NAME: _____
POLICY #: _____ EFFECTIVE DATES (FROM and TO): _____

E. VEHICLE INFORMATION (ALL FIELDS ARE MANDATORY)

YEAR: _____ VIN (VEHICLE IDENTIFICATION #): _____
MAKE: _____ MODEL: _____ BODY TYPE: _____ GROSS VEHICLE WEIGHT: _____
COLOR: _____ # OF CYLINDERS: _____ CURRENT MILEAGE: _____
NUMBER OF SEAT BELTS IN VEHICLE: _____ FUEL TYPE (CHECK ONLY ONE):
 GAS HYBRID ELECTRIC DIESEL CNG/LPG
DOES VEHICLE HAVE A PICKUP BED? YES NO **CAMPERS AND TRAILERS ONLY**
LENGTH: _____ CARRYING CAP.: _____
MOTORCYCLES/MOPEDS/SCOOTERS ONLY
PEDALS? YES NO ENGINE SIZE/CC/MPH: _____ MAX SPEED.: _____

F. LIEN INFORMATION (COMPLETE IF THERE'S A VEHICLE LOAN)

PLEASE CHECK THIS BOX IF THERE IS NO LIEN

(1) LIENHOLDER NAME: _____
STREET ADDRESS: _____
CITY / STATE / ZIP CODE: _____
DATE OF LIEN: _____
(2) LIENHOLDER NAME: _____
STREET ADDRESS: _____
CITY / STATE / ZIP CODE: _____
DATE OF LIEN: _____

G. SIGNATURE

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO REGISTER THE ABOVE DESCRIBED VEHICLE AND AS PART OF MY APPLICATION DECLARE UNDER PENALTY OF PERJURY THAT I AM THE OWNER OR THE LESSEE, 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 ALSO CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ, UNDERSTAND, AND WILL FOLLOW THE CONDITIONS CONTAINED IN THE INSURANCE COMPLIANCE STATEMENT ON THE REVERSE SIDE OF THIS FORM.

EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

**OWNER'S SIGNATURE MUST BE NOTARIZED IF NOT PRESENT DURING TRANSACTION
NOTARY STAMP MUST BE INK AND NOT ONLY EMBOSSED**

OWNER'S SIGNATURE: _____ DATE: _____
SECOND OWNER'S SIGNATURE: _____
IF CORPORATION, GIVE TITLE OR POSITION: _____
IF MINOR, SIGNATURE OF PARENT OR GUARDIAN: _____
NOTARY PUBLIC SIGNATURE: _____
NOTARY PUBLIC NAME: _____ DATE: _____
COMMISSION EXPIRATION DATE (MANDATORY): _____

FOR OFFICIAL USE ONLY

PLATE	TYPE	TAX
PLATE DESIGN	TOTAL	
TRANSACTION #	<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CC	

IMPORTANT INFORMATION

The law prohibits the registration of a vehicle in the name of a person under sixteen (16) years of age. The law requires a person over sixteen (16) years of age to 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.

INSURANCE COMPLIANCE STATEMENT

By submitting this registration application, I swear that, in compliance with Rhode Island's Motor Vehicle Reparation Act, Chapter 31-47 of the General Laws, (the "Act"), I will not operate, or allow to be operated, the motor vehicle described in this application or any other motor vehicles unless all such motor vehicles are covered by financial security ("insurance").

The General Assembly passed the Act due to the concern over the rising toll of motor vehicle accidents and the suffering and loss inflicted by them. The General Assembly determined that it is a matter of grave concern that motorists shall be financially able to respond in damages for their negligent acts so that innocent victims of motor vehicle accidents may be recompensed for their injury and financial loss.

The Act requires owners to maintain insurance on their motor vehicles at all times when they are registered. You can fulfill this obligation by: 1) maintaining an owner's policy of liability insurance with minimum bodily injury limits of \$25,000 to any one person and \$50,000 to two or more persons in any one accident along with a limit of \$25,000 for injury to, or destruction of, property of others in any one accident; or a combined bodily injury and property damage limit of \$75,000; 2) filing a financial security bond; 3) filing a financial security deposit in the amount of \$75,000; or 4) qualifying as a self-insurer.

Failure to comply with the Act may result in the imposition of fines and/or the suspension of your license and registration(s).

The existence of the Act does not prevent the possibility that you may be involved in an accident with an owner or operator of a motor vehicle who is not covered by insurance.

OFFICIAL USE ONLY

CRANSTON Fax Numbers: (401) 462-5785 or (401) 462-5786

SUSPENSIONS:

- | | | | |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> INCOME TAX BLOCK
401-574-8941 (phone)
401-574-8863 (phone) | <input type="checkbox"/> CHILD SUPPORT
401-458-4400 (phone) | <input type="checkbox"/> ADJUDICATION
401-462-0800 (phone)
401-462-0829 (fax) | <input type="checkbox"/> FINANCIAL RESPONSIBILITY
401-462-9246 (phone)
401-462-5791 (fax) |
| <input type="checkbox"/> EMISSIONS
401-462-5890 (phone)
401-462-5838 (fax) | <input type="checkbox"/> TOLL EVADER
401-423-0800 (phone) | | |

EMAIL ADDRESSES:

DMV CUSTOMER SERVICE EMAIL: DMV.CustomerService@dmv.ri.gov

To be used only for emailing supporting documents. Please use the Feedback & Questions Tab on the right side of the DMV's home page for any other DMV questions or inquiries.

ADJUDICATION EMAIL: dmv.adj@dmv.ri.gov

Please send an email including your name, date of birth, license number, and a brief description of your issue and an Appeals Officer will respond to your inquiry. Please use the Feedback & Questions Tab on the on the right side of the DMV's home page for any other DMV questions or inquiries.

FOR ENFORCEMENT OFFICE ONLY

- IDENTITY _____
- P.O.R. _____
- S.S. CARD _____
- OTHER _____

VALID TIL _____
DATE

DMV OFFICIAL _____

STAMP

Dealer Sale	Private Party Sale	Plate Change	Renewal / Re-Registration	Out-of-State Transfer
<ul style="list-style-type: none"> <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) <input type="checkbox"/> If two owners on title, both parties must be present during registration, if not, signature of the absent party must be notarized on TR-1 <p>And the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manufacturer's Statement of Origin (MSO) or original title (if model year of vehicle is 2001 or newer) <input type="checkbox"/> VIN check – if original title is from another state (if model year of vehicle is 2001 or newer) 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Sales Tax form <input type="checkbox"/> Original title (if model year of vehicle is 2001 or newer) <input type="checkbox"/> VIN check – if original title is from another state (if model year of vehicle is 2001 or newer) <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"/> If two owners on original title, both parties must be present during registration, if not, signature of the absent party must be notarized on TR-1 	<ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Proof of Ownership (original title or previous registration) <input type="checkbox"/> RI license or identification card <input type="checkbox"/> Plate number (if available) 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Original title - if model year of vehicle is 2001 or newer <input type="checkbox"/> Out-of-State leased vehicle transfers require an original title, if no loan. A photocopy of a title for a leased vehicle will be accepted ONLY if lienholder is listed on the original title. <input type="checkbox"/> VIN check (if model year of vehicle is 2001 or newer) (for VIN check locations, please contact your local police department) <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) <input type="checkbox"/> If two owners on original title, both parties must be present during registration, if not, signature of the absent party must be notarized on TR-1
		Surviving Spouse	Duplicate Registration Certificate	
Name Change	Address Change	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Original title, in name of deceased (if model year of vehicle is 2001 or newer) <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 	<ul style="list-style-type: none"> <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) 	

Proof of Residency

Within 60 Days

- Utility bill (gas, electric, telephone, cable, oil) in your name or in the name of an immediate family member with the same last name; **or**
- Personal check or bank statement with your name and address (no P.O. box); **or**
- Payroll check stub with your name and address.

Within Valid Effective Dates

- Insurance policy for your home/apartment/auto with your name and address; **or**
- Property tax bill for your residence; **or**
- 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; **or**
- Valid Voter Registration Card.

Within 30 Days

- 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)

- Rhode Island license or identification card or valid out-of-state license

IMPORTANT INFORMATION

- ♦ **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 for vehicles, where the model year is 2001 or newer, are required to have a Salvage VIN Inspection (TR-5).**
- ♦ **All documents are subject to review.**