



STATE OF RHODE ISLAND

**DIVISION OF MOTOR VEHICLES**  
**ENFORCEMENT OFFICE**  
600 New London Avenue  
Cranston, RI 02920-3024  
Phone: 401-462-4368  
www.dmv.ri.gov

## BAILEE PLATE APPLICATION

Name of Individual/Firm: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Other Locations: \_\_\_\_\_

Ownership:     Individual     Partnership     Corporation

Names/Addresses of Officers of Firm: (please print legibly)

_____	_____
_____	_____
_____	_____

Type of Business: (please print legibly when giving a brief description)

\_\_\_\_\_

\_\_\_\_\_

**RIGL §31-3-14 Bailee Plates:** The Registry shall issue plates designated as “Bailee Plates” to garages, automobile repairers or any person in the business requiring repossession of motor vehicles, trailers or semi trailers.

**RIGL §31-3-21 Use of Bailee Plates:** A Bailee may operate or move any vehicle of like type upon the highways solely for the purpose of delivery.

- An annual fee of \$32.50 is assessed for plate registration renewal. The charge is for one of three plates issued –the other two plates are free

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

**SEE REVERSE SIDE FOR THE BAILEE PLATE APPLICATION INSTRUCTIONS**

For Official Use Only

Investigator Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

# of Vehicles Approved: \_\_\_\_\_ # of Plates Approved: \_\_\_\_\_

Reviewed/Approved by: \_\_\_\_\_

## **INSTRUCTIONS FOR THE BAILEE PLATE APPLICATION**

The following must be provided with this application:

1. Photo of building showing business sign, name, address and phone number
2. Lease agreement issued to business or copy of deed if property is owned by business
3. Copy of city or town license or a letter indicating zoning approval for business to operate in this location
4. Letter from affiliated financial institution

Upon approval of plate you must do the following:

1. Contact your insurance agency to obtain insurance coverage for the plate you requested. The insurance form GU 1338 is required. Have your insurance company forward original copies of the insurance information to:

**Rhode Island Division of Motor Vehicles  
Business and Commercial Services Office  
Financial Responsibility Section  
600 New London Avenue, Cranston, RI 02920-3024**

2. Contact Financial Responsibility at 401-462-5747 to verify that they have received your insurance information.
3. If Financial Responsibility has received your insurance information, report to the Enforcement Office at the Cranston Registry to complete form TR-1. This form is required in order to register your plate. You will be able to obtain your plate upon completing form TR-1.
4. If Financial Responsibility HAS NOT received your insurance information, please DO NOT REPORT to the Cranston Registry.

### **IMPORTANT**

**PRIOR TO REPORTING TO THE DIVISION OF MOTOR VEHICLES, MAKE SURE YOUR INSURANCE INFORMATION IS ON FILE WITH THE FINANCIAL RESPONSIBILITY SECTION.**