



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
ENFORCEMENT OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-5736
Email: DMV.Enforcement@dmv.ri.gov

APPLICATION FOR TRANSPORTER PLATES

COMPANY NAME: _____

NUMBER & STREET: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

OWNERSHIP: Individual Partnership Corporation

NAMES/ADDRESSES OF OFFICERS OF FIRM:

_____	_____
_____	_____
_____	_____

TYPE OF BUSINESS (give brief description): _____

Section §31-3-21 (c) of the General Laws of the State of Rhode Island provides for transporter plates. A transporter may operate or move any vehicle of a type otherwise required to be registered under this chapter upon the highway solely for the purpose of delivering, upon displaying on the vehicle the plates issued to him or her as provided in Sections §31-3-23 through §31-3-25, inclusive.

Transporter is defined in section §31-1-19 (j). "Transporter" means every person engaged in the business of delivering vehicles required to be registered under chapter 3 of this title from a manufacturing, assembling, and distributing plant to a point of destination or for the purpose of weighing, testing, transporting, or delivering that vehicle, or for the purpose of moving that vehicle in connection with making installations on or improvements to it.

I certify that I have read, understand, and will follow the conditions contained in the applicable laws listed above regarding the usage of a transporter plate.

I, the undersigned, declare under penalty of perjury, that all statements made on this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

SEE REVERSE SIDE FOR INSTRUCTIONS FOR APPLICATION FOR TRANSPORTER PLATES

INSTRUCTIONS FOR APPLICATION FOR TRANSPORTER PLATES

The following must be provided with this application:

1. Photo of the building displaying an accurate business sign with any combination of the business name, address, phone number and email address.
2. Lease agreement issued to business or copy of the deed if property is owned by the business.
3. Copy of city or town license or a letter from zoning approval for business to operate in this location.
4. Three (3) original written references from owner or managers you do business with on their letterhead, signed by the owner or manager.
5. Copy of latest sales tax certificate.
6. Signed affidavit, by owner or manager attesting your acknowledgement of the rules, regulations, and restrictions surrounding use of transporter plates.
7. Proof of Rhode Island residency of owner or manager.
8. Letter of 'good standing' by the RI Secretary of State's Office.

Upon approval of plate you must do the following:

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

**Division of Motor Vehicles
Financial Responsibility
600 New London Avenue
Cranston, RI 02920-3024**

IMPORTANT

PRIOR TO REPORTING TO THE MAIN REGISTRY, MAKE SURE YOUR INSURANCE INFORMATION IS ON FILE WITH FINANCIAL RESPONSIBILITY.

If Financial Responsibility has received your insurance information, report to the Enforcement Department 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.