



PLEASE USE BLUE OR BLACK INK ONLY

| NAME OF PERSON SUBMITTING DOCUMENTS TO DMV   |   |                |
|--|---|----------------|
| PRINTED NAME:  |   |                |
| SIGNATURE:   |   |                |
| LICENSE #:   | LICENSE STATE:  |                |
| TRANSACTION TYPE (PLEASE SELECT ONE)   |   |                |
| <input type="checkbox"/> <b>NEW REGISTRATION</b><br>PLATE #: _____<br>(complete sections A,B*,C,D,E,F,G*,H)  | <input type="checkbox"/> <b>TRANSFER REGISTRATION</b><br>PLATE #: _____<br>(complete sections A,B*,C,D,E,F,H) |                |
| <input type="checkbox"/> <b>DUPLICATE REG/UPDATE INFO</b><br>PLATE #: _____<br>(complete sections A,B*,D,E,H)  | <input type="checkbox"/> <b>PLATE CHANGE</b><br>PLATE #: _____<br>(complete sections A,B*,D,E,H)              |                |
| <input type="checkbox"/> <b>RENEWAL</b><br>PLATE #: _____<br>(complete sections A,B*,D,E,H)  | <input type="checkbox"/> <b>SURVIVING SPOUSE</b><br>PLATE #: _____<br>(complete sections A,D,E,F,H)           |                |
| <input type="checkbox"/> <b>TAX &amp; TITLE</b><br>(complete sections A,B*,C,E,F,H)  | <input type="checkbox"/> <b>ADD TITLE</b><br>(complete sections A,E,F,G*,H)                                   |                |
| A. REGISTRANT – BUYER, LEASING COMPANY OR NEW OWNER  |   |                |
| <input type="checkbox"/> Please update address in computer system<br>We will use your residence address listed on this form to update your voter registration. |   |                |
| <input type="checkbox"/> DO NOT UPDATE my voter registration address   |   |                |
| LAST NAME (OR COMPANY NAME):   | PHONE #:  |                |
| FIRST NAME:  | MIDDLE INITIAL:   | SUFFIX:        |
| LICENSE #:   | DATE OF BIRTH::   |                |
| STREET ADDRESS: <i>RESIDENCE (WHERE VEHICLE IS KEPT OR GARAGED)</i> APT./FLOOR:  |   |                |
| CITY / STATE / ZIP CODE:   |   |                |
| TAX TOWN:  | EMAIL ADDRESS:  |                |
| STREET ADDRESS: <i>MAILING (IF ADDRESS IS DIFFERENT THAN RESIDENCE)</i> 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):   | PHONE:  |                |
| FIRST NAME:  | MIDDLE INITIAL:   | SUFFIX:        |
| LICENSE #:   | DATE OF BIRTH::   |                |
| STREET ADDRESS: 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):<br><input type="checkbox"/> GAS <input type="checkbox"/> HYBRID <input type="checkbox"/> ELECTRIC <input type="checkbox"/> DIESEL <input type="checkbox"/> CNG/LPG |   |                       |
| DOES VEHICLE HAVE A PICKUP BED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | CAMPERS AND TRAILERS ONLY<br>LENGTH: _____ CARRYING CAP.: _____  |   |                       |
| MOTORCYCLES/MOPEDS/SCOOTERS ONLY<br>PEDALS? <input type="checkbox"/> YES <input type="checkbox"/> NO ENGINE SIZE/CC: _____ MAX SPEED/MPH.: _____  |  |   |                       |
| F. LIEN INFORMATION (COMPLETE IF THERE'S A VEHICLE LOAN)  |  |   |                       |
| <input type="checkbox"/> *PLEASE CHECK THIS BOX IF THERE IS NO LIEN*  |  |   |                       |
| (1) LIENHOLDER NAME:  | DATE OF LIEN:  |   |                       |
| STREET ADDRESS:   |  |   |                       |
| CITY / STATE / ZIP CODE:  |  |   |                       |
| (2) LIENHOLDER NAME:  | DATE OF LIEN:  |   |                       |
| STREET ADDRESS:   |  |   |                       |
| CITY / STATE / ZIP CODE:  |  |   |                       |
| G*. COMMERCIAL VEHICLE TRUCK (26,000 lbs or more)   |  |   |                       |
| Is overweight permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |                       |
| TRUCKS: NUMBER OF AXLES   | TRACTORS: NUMBER OF AXLES  |   |                       |
| TRUCKS : DISTANCE FROM FRONT TO REAR AXLES:<br>(CENTER OF STEERING AXLE TO CENTER OF EXTREME REAR AXLE)   |  |   |                       |
| US DOT NUMBER   | IS THE VEHICLE PART OF A FLEET?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   |                       |
| H. 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. |  |   |                       |
| 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 SUCH REQUIREMENTS.  |  |   |                       |
| EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.   |  |   |                       |
| <b>DO YOU CONSENT TO SUCH DISCLOSURE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |                       |
| <b>OWNER'S SIGNATURE MUST BE NOTARIZED IF NOT PRESENT DURING TRANSACTION<br/>NOTARY STAMP MUST BE INK AND NOT ONLY EMBOSSED</b>   |  |   |                       |
| 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.

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## 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**

**Middletown Branch Office Fax: (401) 841-5850**

**Wakefield Branch Office Fax: (401) 789-3913**

**Woonsocket Branch Office Fax: (401) 597-0550**

### SUSPENSIONS:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <b>INCOME TAX BLOCK</b><br>401-574-8650 (phone)<br>401-574-8915 (fax) | <input type="checkbox"/> <b>CHILD SUPPORT</b><br>401-458-4400 (phone) | <input type="checkbox"/> <b>ADJUDICATION</b><br>401-462-0800 (phone)<br>401-462-0829 (fax) | <input type="checkbox"/> <b>FINANCIAL RESPONSIBILITY</b><br>401-462-9246 (phone)<br>401-462-5805 (fax) |
| <input type="checkbox"/> <b>EMISSIONS</b><br>401-462-5890 (phone)<br>401-462-5838 (fax)        | <input type="checkbox"/> <b>TOLL EVADER</b><br>401-423-0800 (phone)   |  |  |

### EMAIL ADDRESSES:

**DMV CUSTOMER SERVICE EMAIL:** [DMV.CUSTOMERSERVICE@DMV.RI.GOV](mailto: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](mailto: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.

**TAX COMPLIANCE & COLLECTIONS:** [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov)

**FINANCIAL RESPONSIBILITY:** [DMV.FinancialResponsibility@dmv.ri.gov](mailto:DMV.FinancialResponsibility@dmv.ri.gov)

## **FOR ENFORCEMENT USE ONLY**

NOTES:

DATE: \_\_\_\_\_

DMV OFFICIAL: \_\_\_\_\_

STAMP

# Rhode Island DMV – Registration Document Checklist – [WWW.DMV.RI.GOV](http://WWW.DMV.RI.GOV)

## **Private Party Sale**

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Gross Vehicle Weight (GVWR found on driver's side door jamb)
- Original title if from titled state
- Proof of Previous Ownership for non-titled vehicles (i.e., a registration with the previous owner's information)
- [VIN Check](#) (required on vehicles from out of state obtained from local municipal police department)
- Bill of Sale
- [Sales Tax Form](#) (T-334)

## **Gifted Vehicle**

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Gross Vehicle Weight (GVWR found on driver's side door jamb)
- Original title if from titled state
- Proof of Previous Ownership for non-titled vehicles (i.e., a registration with the previous owner's information)
- [VIN Check](#) (required on vehicles from out of state obtained from local municipal police department)
- [Tax Exempt Certificate](#) (T-331-1)
- Gift letter (notarized only if gift is from non-immediate family member)
  - Immediate family consists of parent, stepparent, sibling, step sibling, child, stepchild, or spouse
  - Note: the gift affidavit found on our website does NOT constitute a gift letter
- [Gift of Motor Vehicle Affidavit](#) (SU 87-65, only if gift is from a non-immediate family member)
  - Immediate family consists of parent, stepparent, sibling, step sibling, child, stepchild, or spouse

## **Purchased Trailer/Homemade Trailer/Camper Trailer**

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information for the vehicle pulling the trailer
- Length, GVWR and carrying capacity
- (Original title is required for trailers with a GVWR of 3,001 and greater, and all camper trailers if from titled state; registration if from non-titled state) or Manufacturer's Statement of Origin/Certificate of Origin (new trailers/campers)
- [VIN Check](#) (required on vehicles from out of state obtained from local municipal police department)
- [Sales Tax Form](#) (T-334) if tax has not already been paid to a RI retailer
- [Tax Exempt Certificate](#) (T-333-1) proof of taxes paid required or trailer is homemade
- [Affidavit for Homemade Trailer](#) (T-333-1) if trailer is homemade or purchasing a homemade trailer

## **Renewal / Re-Register / Duplicate / Update**

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Vehicle information
- Renewal, duplicate and update can all be completed through the "[Online Services](#)" section of our website

## **Dealer Sale**

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Gross Vehicle Weight (GVWR found on driver's side door jamb)
- Original title/proof of prior ownership or Manufacturer's Statement of Origin/Certificate of Origin (New vehicles)
- [VIN Check](#) (required on vehicles from out of state obtained from local municipal police department)
- Bill of Sale on dealer's letterhead
- RI dealer tax form (T336-1, RI deals only)
- [Sales Tax Form](#) (T-334, out-of-state deals only)
- Power of Attorney from leasing company (if leased vehicle)
- [Tax Exempt Certificate](#) (T-333-1 required for all leased vehicles or tax-exempt organizations)
- Certificate of Exemption (required for tax-exempt organizations)

## **Out of State Transfers**

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Gross Vehicle Weight (GVWR found on driver's side door jamb)
- Original title if from titled state or Proof of ownership for non-titled vehicles (i.e., a registration with owner's information)
- [VIN Check](#) (required on vehicles from out of state obtained from local municipal police department)
- [Tax Exempt Certificate](#) (T-331-1)
- [Tax Questionnaire](#) (SU-NR-1 and Bill of Sale, if applicable)
- Power of Attorney from leasing company (if leased vehicle)
- [Out of Country](#) transfers may require additional documents and Enforcement's approval ([See our website](#))

**MORE TRANSACTION INFORMATION ON OTHER SIDE**

# Rhode Island DMV – Registration Document Checklist – [WWW.DMV.RI.GOV](http://WWW.DMV.RI.GOV)

## Lease Buyout

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Gross Vehicle Weight (GVWR found on driver's side door jamb)
- Original title
- Proof of Previous Ownership for non-titled vehicles (i.e., a registration with the previous owner's information)
- [VIN Check](#) (required on vehicles from out of state obtained from local municipal police department)
- Bill of Sale from Leasing Company
- Original lease agreement including lessee's name
- [Sales Tax Form](#) (T-334)

## Surviving Spouse / Transfer at Death

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Gross Vehicle Weight (GVWR found on driver's side door jamb)
- Original title in name of deceased if from titled state; registration if non-titled state
- Proof of Deceased Ownership for non-titled vehicles (i.e., a registration with the previous owner's information)
- [VIN Check](#) (required on vehicles from out of state obtained from local municipal police department)
- [Tax Exempt Certificate](#) (T-331-1)
- Original death certificate (no photocopies)  
or original notice of appointment from probate court naming administrator/trix or executor/trix (no photocopies)
- Additional documents may be needed for non-spousal transactions (see "[Transfer at Death](#)" on our website)

## Plate Change

- [Application for Registration](#) (TR-1)
- Identity document (see list)
- Active RI Insurance Information
- Vehicle information
- Plates to be canceled or [Affidavit for Cancellation of Registration](#) / Police Report (if plates are unavailable)
- Gift letter (if plates are coming from another party)
- Governor's card (only required for [Preferred Plates](#) from non-immediate family members)

## IMPORTANT INFORMATION

- ♦ All registrants must be present, or the [Application for Registration](#) (TR-1) signature(s) must be notarized. An ink stamp must be present if notarized in Rhode Island.
- ♦ All motorcycles, motorized bicycles, motorized tricycles, mopeds, scooters, and autocycles being registered require an [Affidavit for Motorcycle](#).
- ♦ All vehicles or motorcycles being registered as antique require an [Antique Affidavit](#).
- ♦ Motorhomes, campervans and coaches have the same registration requirements as other vehicles
- ♦ For [VIN Check](#) locations, please contact your local police department for hours, locations and fees.
- ♦ RI SALVAGE TITLES: All Rhode Island salvage titles, for vehicles with model years 1999 or newer, are required to have a [Salvage VIN Inspection](#) (TR-5).
- ♦ Additional documents may be required and all documents are subject to review.

## Identity documents (legal name and date of birth)

- A valid, unexpired Rhode Island license or identification card
- A valid, unexpired out-of-state license with proof of residency
- A valid, unexpired passport with proof of residency
- A valid, unexpired Permanent Resident Card with proof of residency
- A valid, unexpired Employment Authorization Card with proof of residency

## Proof of Residency List (P.O. Boxes not accepted)

### Within Valid Effective Dates

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

### 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
- Personal check or bank statement with your name and address
- Payroll check stub with your name and address

### 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

**MORE TRANSACTION INFORMATION ON OTHER SIDE**