



APPLICATION FOR TITLE (TR-2/TR-9)

Transaction Type (Please Select One)		• FOR DMV USE ONLY •
<input type="checkbox"/> SECURITY ADDITION <small>(complete sections A, C, D, E, I)</small>	<input type="checkbox"/> DUPLICATE TITLE/AFFIDAVIT OF LOSS <small>(complete sections A, C, D, E, F, I)</small>	TRN: _____
<input type="checkbox"/> DUPLICATE TITLE/AFFIDAVIT OF LOSS (DEALERSHIPS) <small>(complete sections A, C, D, E, F, G, I)</small>		TAX: _____
<input type="checkbox"/> SALVAGE TITLE <small>(complete sections A, C, D, E, H, I)</small>		TOTAL: _____
<input type="checkbox"/> Classification A (parts only) <input type="checkbox"/> Classification B (repairable) <input type="checkbox"/> Unrecovered Theft		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CC
<input type="checkbox"/> CORRECTION <small>(complete sections A, B, C, D, E, F, I)</small>		AMOUNT: _____
<input type="checkbox"/> Mileage <input type="checkbox"/> Lienholder <input type="checkbox"/> Other _____		

A. Owner's Information (Individual, Leasor Or Company)

PRIMARY OWNER'S LAST NAME OR COMPANY NAME:		FIRST NAME:	MIDDLE NAME:	SUFFIX:
PRIMARY OWNER DL #/R.I. ID #/CID #:		DATE OF BIRTH (MM/DD/YY)	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:
SECONDARY OWNER'S LAST NAME:		FIRST NAME:	MIDDLE NAME:	SUFFIX:
SECONDARY OWNER DL #/R.I. ID #/CID#:		DATE OF BIRTH (MM/DD/YY)	TELEPHONE: ()	
STREET ADDRESS: <i>RESIDENCE ADDRESS</i>		CITY/TOWN:	STATE:	ZIP:

B. Seller's Information

SELLER'S NAME:	DATE OF SALE:	DEALERS LICENSE NUMBER:
STREET ADDRESS:	CITY/TOWN:	STATE: ZIP:

C. Vehicle Information (Complete All Fields)

YEAR:	VIN:	MAKE:	MODEL:	BODY TYPE:		
TYPE OF POWER (FUEL TYPE): <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYBRID <input type="checkbox"/> OTHER		MAJOR COLOR:	MINOR COLOR: <small>(IF APPLICABLE)</small>	# OF PASS:	# OF CYL:	SHIPPING WEIGHT:
GROSS WEIGHT:	MILEAGE:	DOES VEHICLE HAVE PICKUP BED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAMPERS AND TRAILERS ONLY LENGTH: _____ CARRYING CAP: _____			
MOTORCYCLES/MOPEDS/SCOOTERS ONLY ENGINE SIZE/CC/MPH #: _____ PEDALS? : <input type="checkbox"/> YES <input type="checkbox"/> NO MAX. SPEED _____		THIS VEHICLE IS: <input type="checkbox"/> NEW <input type="checkbox"/> USED	PRIOR TITLE NUMBER:	PRIOR TITLE STATE:		

D. Odometer Disclosure Statement

VIN:	YEAR:	MAKE:	MODEL:	BODY TYPE:
I state that the odometer now reads _____ (no tenths) miles and to the best of my knowledge that it reflects ACTUAL MILEAGE of the vehicle described herein <u>UNLESS</u> one of the following statements is checked. <input type="checkbox"/> Mileage is in excess of its mechanical limits <input type="checkbox"/> Odometer reading is NOT the actual mileage. WARNING – ODOMETER DISCREPANCY.				
SIGNATURE:		PRINTED NAME:	DATE: (MM/DD/YY)	

E. Lien Information (Complete Only If There Is A Current Vehicle Loan)

FIRST LIEN HOLDER'S NAME:		DATE OF LIEN:		
FIRST LIEN HOLDER'S ADDRESS:		CITY/TOWN:	STATE:	ZIP:
SECOND LIEN HOLDER'S NAME:		DATE OF LIEN:		
SECOND LIEN HOLDER'S ADDRESS:		CITY/TOWN:	STATE:	ZIP:

F. Duplicate Title/Affidavit Of Loss

I hereby certify that the original certificate of title to the motor vehicle described herein has become:

(Please Check One) LOST STOLEN DESTROYED ILLEGIBLE/MUTILATED

NOTE: IF THE ABOVEMENTIONED VEHICLE HAS EVER HAD A LOAN, REGARDLESS IF THE LOAN HAS BEEN SATISFIED, YOU MUST OBTAIN AN ORIGINAL 'RELEASE OF LIEN' FROM YOUR FINANCIAL INSTITUTION BEFORE SUBMITTING YOUR REQUEST FOR A DUPLICATE TITLE.

NOTE: Any illegible/mutilated certificate must accompany this form with an explanation of the circumstances.

NOTE: A duplicate certificate may be subject to the rights of a person under the original certificate.

1. Only the owner(s) or lien holder listed on the original certificate of title may apply for a duplicate title. If original title listed more than one owner, all owners listed must sign the duplicate title application.
2. If the original title listed a lien holder and the loan has been paid, a "Release of Lien" must be submitted with the application for duplicate title. Lien Releases must have original signatures. Faxed or photocopies will not be accepted. Loan contracts stamped paid are not accepted as a release of lien.
3. All duplicate titles are mailed to either the lien holder (if current lien exist) or to the owner.
4. Automobile dealerships must not use their address or any address other than the owner's on the application for a duplicate.
5. Owner(s) signatures must be notarized. If original title listed more than one owner, all owners listed must sign duplicate title application.
6. Notary public must sign and print name. If either is omitted, the application will not be accepted.
7. **Duplicate titles can only be applied for at the Division of Motor Vehicles, Research Section, 600 New London Avenue, Cranston, RI 02920.**

G. Duplicate Title/Affidavit Of Loss (Dealership Only, DO NOT USE If Not A Dealer)

CHECK HERE IF THE TITLE IS TO BE MAILED TO A DEALER. IF SO, PLEASE COMPLETE THE DEALER RECEIPT AFFIDAVIT
(check this box only if you are applying for a duplicate title which will ONLY be mailed to a dealer and not to a private residence)

DEALER RECIPIENT AFFIDAVIT

I/we, the undersigned, hereby affirm that the vehicle described on the face of this application has been sold or traded to the dealership listed below and that it is understood that the duplicate title being requested will be mailed to this dealership. I/we affirm that there is not an outstanding lien on this vehicle.

NOTE: This form does NOT constitute Power of Attorney or Assignment.

DEALERSHIP NAME:		DEALER'S LICENSE #:	DATE: (MM/DD/YY)	
DEALERSHIP ADDRESS:		CITY/TOWN:	STATE:	
SIGNATURE OF REGISTERED OWNER:		PRINTED NAME OF OWNER: ZIP:		
SIGNATURE OF SECOND OWNER:		PRINTED NAME OF SECOND OWNER:	DATE: (MM/DD/YY)	
NOTARY PUBLIC SIGNATURE:		NOTARY PRINTED NAME:	DATE: (MM/DD/YY)	
COMMISSION EXPIRATION DATE (MANDATORY):	** Self-addressed envelopes from dealership are required as well as a valid copy of the registered owner(s) driver's license photo **			

H. Salvage Title Important Information

Pursuant to the Rhode Island Salvage Law (RIGL § 31-46), **you are required to apply for a salvage certificate of title for a vehicle within twenty (20) days.** "Any person, firm or corporation who violates any of the provisions of this chapter shall be guilty of a felony and shall be punished by imprisonment for not more than five (5) years or a fine of not more than five-thousand dollars (\$5,000) or both." If you have retained ownership and possession of a vehicle originally deemed a total loss by an insurance company, the following documents and fees must be submitted when the OWNER of the vehicle is applying for a Rhode Island Salvage Certificate.

1. Salvage application shall be completed by the owner who is listed on the face of the existing Rhode Island title certificate.
2. Existing Rhode Island title is in owner's name.
3. A letter from the insurance company stating that the vehicle is a total loss and the owner is retaining the vehicle AND indicating Class A (parts only) or Class B (repairable) classification.
4. Written estimate/appraisal of the damage from the insurance company.
5. If you need further information, you may call the Research Section of the DMV at (401) 462-5774.

I. Signature

I, the undersigned, declare under penalty of perjury, that no other liens exist against this vehicle other than the described above, and that all statements made on this application are true and complete to the best of their knowledge and belief.

Personal information contained in your motor vehicle record will be disclosed only if the State has obtained the express consent of the person to whom such personal information pertains.

DO YOU CONSENT TO SUCH A DISCLOSURE? YES NO

OWNER'S SIGNATURE:		DATE: (MM/DD/YY)	
SECOND OWNER'S SIGNATURE:		IF CORPORATION, TITLE OR POSITION:	
NOTARY PUBLIC SIGNATURE:	NOTARY PRINTED NAME:	DATE: (MM/DD/YY)	
COMMISSION EXPIRATION DATE (MANDATORY):			

J. Name Of Person Submitting Documents

SIGNATURE:	PRINTED NAME:	AGENT OF:	LICENSE # & STATE / PASSPORT # / PHOTO ID #:
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Tax & Title Only	Duplicate Title	Out-of-State Transfers	Reconstructed Salvage	Leased Vehicles
<ul style="list-style-type: none"> <input type="checkbox"/> TR-2/TR-9 form <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Manufacturer's Statement of Origin (MSO), or Title Certificate <input type="checkbox"/> Title VIN check, if title is from another jurisdiction <input type="checkbox"/> RI license/identification required and you must be a Rhode Island resident <input type="checkbox"/> Tax form <input type="checkbox"/> Out-of-country MSO/Title, please contact 401-462-5774 for requirements <input type="checkbox"/> If requesting to have a title sent out of state, you must send a self-addressed stamped envelope <input type="checkbox"/> TR-5 form – vehicle identification number verified – obtained from local police, if title is from another jurisdiction 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-2/TR-9 form <input type="checkbox"/> *Original Lien Release, when applicable <input type="checkbox"/> RI license/identification required <input type="checkbox"/> Power of Attorney, if vehicle is leased <input type="checkbox"/> If requesting to have a title sent out of state, you must send a self-addressed stamped envelope 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-2/TR-9 form <input type="checkbox"/> Tax form <input type="checkbox"/> Certificate of Title <input type="checkbox"/> Faxed copy or electronic printout of title, if vehicle has a lien <input type="checkbox"/> Title (if model year of vehicle is 2001 or newer) <input type="checkbox"/> Out-of-State leased vehicle transfers require an original title. A photocopy of a title for a leased vehicle will be accepted ONLY if lienholder is listed on the title <input type="checkbox"/> TR-5 form – vehicle identification number verified – obtained from local police, if title is from another jurisdiction <input type="checkbox"/> Proof of Residency (see list) <input type="checkbox"/> Proof of Rhode Island insurance 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-2/TR-9 form <input type="checkbox"/> TR-5 form <input type="checkbox"/> RI license/identification required <input type="checkbox"/> If requesting to have title sent out of state, you must send a self-addressed stamped envelope <hr/> <p style="text-align: center;">Salvage Title</p> <ul style="list-style-type: none"> <input type="checkbox"/> TR-2/TR-9 form (mileage must be listed; Class A or Class B classification must be indicated) <input type="checkbox"/> Insurer's Certificated of Title (title must be properly assigned by insurance company; mileage must be disclosed; liens listed on face of title must be released by lienholder) <input type="checkbox"/> Written estimate/appraisal of damage from insurance company 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-2/TR-9 form <input type="checkbox"/> Leasing license or waiver letter <input type="checkbox"/> GU-1338 insurance on file with Rhode Island DMV <input type="checkbox"/> Payment of sales tax or tax permit number on file with Division of Taxation <input type="checkbox"/> Certificate of Origin or Title Certificate <input type="checkbox"/> Power of Attorney for person signing TR-2/TR-9 form

***IF THE VEHICLE (IN QUESTION) HAS EVER HAD A LOAN, REGARDLESS IF THE LOAN HAS BEEN SATISFIED, YOU MUST OBTAIN AN ORIGINAL 'RELEASE OF LIEN' FROM YOUR FINANCIAL INSTITUTION BEFORE SUBMITTING YOUR REQUEST FOR A DUPLICATE TITLE.**

Signature Documents

- Valid U.S./U.S. Territory or Canadian driver's license with photograph, signature and date of birth (may not be expired more than one year).

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 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.