



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
ENFORCEMENT OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-5736 Fax: 401-462-5789
www.dmv.ri.gov

Application for Dealer Reassignment / POA

Instructions

The Dealer Reassignment of Title portion of the Rhode Island Division of Motor Vehicles Form (MVT-10) is a supplemental transfer document. It should be properly completed by a licensed Rhode Island Dealer **only when all other dealer re-assignment spaces on the Certificate of Title form are complete.** This includes out-of-state titles that are transferred by a Rhode Island dealer.

The Secure Power of Attorney portion is to be used **only when the title is physically held by the lienholder.**

You are applying for controlled forms that are tracked by the RI DMV and are to be used by your dealership only. They may **NOT** be shared with or loaned to anyone. The **Control Number** must be maintained in your records.

Improper use or improper completion of the MVT-10 Form or failing to use it when required may result in an appearance before the RI Dealer's Commission.

Dealer Information

Dealer Name:		License #:	Date:	
Address:		City:	State:	Zip Code:
Business Phone Number:	Fax Number:	Business Email Address:		

Signature

Requested by (printed name)

Title

Signature

Person Receiving Forms (printed name)

My signature acknowledges that I have read and understand the rules regarding use of the MVT-10/POA form.

Number of forms Requested: MVT-10: _____ POA: _____

Sequential # of Forms Given: _____