



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
PLATE OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Email: DMV.PLATEOFFICE@DMV.RI.GOV
www.dmv.ri.gov

AFFIDAVIT FOR CANCELLATION OF REGISTRATION

This is to certify that the registrant(s) wish to cancel the registration of the vehicle described below.

Please indicate the method used to submit this form and the plate(s):

DMV Drop Box

By Mail

In Person

OWNER INFORMATION

Owner/Lessee: _____ License/CID number: _____

Physical Address: _____

Phone: _____ Email: _____

VEHICLE INFORMATION

Plate/ Registration Number: _____ Expiration Date: _____

Year: _____ Make: _____ Model: _____

Number of Plates Returned: _____ State Reason Plate(s) are being returned: _____

SIGNATURE(S)

I, THE UNDERSIGNED, HEREBY AFFIRM THAT I WISH TO CANCEL THE AFOREMENTIONED PLATES FOR THE ABOVE LISTED VEHICLE AS OF THE DATE LISTED. ALL STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

FIRST OWNER/LESSEE SIGNATURE

FIRST OWNER/LESSEE PRINTED NAME

DATE

SECOND OWNER/LESSEE SIGNATURE

SECOND OWNER/LESSEE PRINTED NAME

DATE

INFORMATION OF PERSON PRESENTING THIS AFFIDAVIT (If not vehicle owner)

Name: _____ License Number: _____ License State: _____

Residential Address: _____

SIGNATURE

DATE