



STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
 RESEARCH/TITLE OFFICE
 600 New London Avenue
 Cranston, RI 02920-3024
 Phone: 401-462-4368
 www.dmv.ri.gov

OFFICIAL USE ONLY	
TRANSACTION ID#	TOTAL
Payment Type (Please Check)	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	

REGISTRATION/DRIVER LICENSE INFORMATION REQUEST (RLI)

DATE OF REQUEST: _____

NAME of Person who is submitting this document

NAME: _____ SIGNATURE: _____

CREDENTIAL NUMBER: _____ CREDENTIAL STATE: _____ ID Checked

NAME of Agency, Business or Individual requesting information

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

NUMBER and STREET

CITY/TOWN

STATE

ZIP CODE

I hereby request information on the following **motor vehicle**:

Plate Number: _____

VIN: _____

Name of Owner: _____

Address of Owner: _____

I hereby request information on the following **driver's license**:

License Number: _____

Driver's Name: _____

Driver's Address: _____

FOR INSURANCE COMPANIES ONLY:

Date of Loss: _____ Insurance Policy Dates (if applicable): _____

Purpose of Request: _____

FEE: \$12.50 – Required for **each** Registration Name, Plate, VIN, License Name or Driver License **Inquiry**.