



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

Official Use Only	
Transaction #	
Amount	\$
Check _____ CC _____ MO _____ Cash _____	

REQUEST FOR INFORMATION

TITLE / REGISTRATION / ID / DRIVER LICENSE

***CHOOSE ONE**

<input type="checkbox"/> Title Inquiry - \$ 53.50 per VIN * For vehicles 2001 & newer <i>Inquiry cannot be used in lieu of title</i>	<input type="checkbox"/> Registration/ID/License Inquiry - \$13.50 per request *For RI non-titled vehicles (2000 & older) (New Buyers must send copy of bill of sale)
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DATE OF REQUEST: _____

Name of Agency, Business or Individual requesting information

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____
NUMBER & STREET CITY/TOWN STATE ZIP CODE

Reason for request (mandatory)

ID/Driver's License Information \$13.50

License Number Driver's name Driver's Address

Registration Vehicle Information \$13.50

☐ Insurance Information

Plate # Year Make Vehicle Identification Number (VIN#)

Owner information: _____

Title Law Letter required ☐ YES ☐ NO

Name of Person Submitting Documents		
Signature:	Printed Name	License# & State/Photo ID #