# DIVISION OF MOTOR VEHICLES

# CHANGE OF ADDRESS NOTICE

## 401 – 462 - 4368 (4DMV)

**NOTICE:** The LAW requires YOU to notify the DIVISION OF MOTOR VEHICLES **within TEN (10) DAYS of any change of address.**

**USE BLACK OR BLUE INK ONLY**

| LICENSE/ID NUMBER/CID | REGISTRATION | | | DISABILITY PLACARD NUMBER | DATE OF BIRTH | | |
|---|---|---|---|---|---|---|---|
| | PLATE TYPE | PLATE DESIGN | PLATE NUMBER | | MONTH | DAY | YEAR |
| | | | | | | | |

| | | | |
|---|---|---|---|
| **FULL NAME** *(please print)* | FIRST NAME | MIDDLE NAME | LAST NAME |
| **IF REGISTRATION IN NAME OF COMPANY OR CORPORATION** | *PLEASE PRINT CORP. NAME AS IT APPEARS ON REGISTRATION* | | |
| **OLD RESIDENCE ADDRESS** | STREET AND NUMBER | CITY/TOWN | ZIP CODE |
| **NEW RESIDENCE ADDRESS** *(must be a Rhode Island address)* | STREET AND NUMBER ***CANNOT BE P.O. BOX*** | CITY/TOWN | ZIP CODE |
| **NEW MAILING ADDRESS** *(if different than residence)* | STREET AND NUMBER | CITY/TOWN | ZIP CODE |
| ***TAX TOWN** *(if different from New Residence City/Town)* | | | |
| **TELEPHONE NUMBER** *(required)* | PLEASE LEAVE A NUMBER WHERE WE CAN CONTACT YOU IF APPLICATION IS ILLEGIBLE OR INCOMPLETE | | |
| | HOME PHONE | CELL PHONE | BUSINESS PHONE |
| **E-MAIL ADDRESS** | | | |

If you are registered to vote in Rhode Island, we will use your residence address to update where you are registered to vote.

☐ Do not update my voter registration address.

*If you have a vehicle that is customarily kept/garaged at an address other than your residence address, please complete and return the Affidavit for Tax Situs found at www.dmv.ri.gov under the Registration Forms tab.

I, the undersigned, declare under penalty of perjury that all statements made on this application for address change are true and complete to the best of my knowledge and belief.

SIGNATURE IN FULL (DO NOT PRINT) DATE

**MAIL TO:**

**STATE OF RHODE ISLAND**
**DIVISION OF MOTOR VEHICLES**
**600 New London Avenue**
**Cranston, RI 02920-3024**
**Attention: ADDRESS CHANGE**