DIVISION OF MOTOR VEHICLES

UPDATE ADDRESS / CONTACT INFORMATION

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	APT or FLOOR	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
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.

I, the undersigned, declare under penalty of perjury that all statements made on this form 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