

### **AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY**

The undersigned (hereinafter referred to as "applicant") swears that, in compliance with Title 31, Chapter 47 of the General Laws, Motor Vehicles Reparations Act, he/she will not operate or allow to be operated the motor vehicle described in this registration nor any other motor vehicle unless all such motor vehicles are covered for financial security.

The act requires every natural person, firm, partnership, association or corporation registering a vehicle or renewing the registration of a vehicle to aver that he/she will provide financial security on same.

The obligation will be met by maintaining a policy of liability insurance with bodily injury limits of \$25,000 to two or more persons in any one accident along with a limit of \$25,000 for injury to or destruction of property in any one accident or a combined bodily injury and property damage liability of \$75,000; OR by filing with the Assistant Director for Motor Vehicles in the Department of Revenue of \$75,000; OR by making a financial security deposit with the Assistant Director for Motor Vehicles in the Department of Revenue of \$75,000; OR by qualifying as a self insurer.

Penalties for failure to comply with the provisions of the act are a minimum fine of \$500, maximum fine \$5,000 and revocation of the motor vehicle registration and license plates for a period of three (3) months for the first offense, six (6) months for the second and one (1) year for the third and subsequent offenses. In addition, violation of the law or subsequent time is deemed a misdemeanor and punishment may include a maximum fine of \$5,000, a year imprisonment, or both.

The act does not prevent the possibility that the applicant may be involved in an accident with an owner or operator who is without financial responsibility.



**RHODE ISLAND DEPARTMENT OF REVENUE**  
**DIVISION OF MOTOR VEHICLES**  
**REGISTRATION RENEWAL**

**RENEW YOUR REGISTRATION ONLINE**

Conveniently renew your registrations by accessing your RI DMV Online Customer Account portal. Use the below QR code to login or go to [ridmvservices.ri.gov/guest-signin](http://ridmvservices.ri.gov/guest-signin). Your account will be verified using the cell phone or email on record with the RI DMV.

**MAIL IN INSTRUCTIONS:**

If you choose to renew by mail, please allow two (2) weeks for processing.

Check or money order must be made payable to Division of Motor Vehicles. Please indicate your registration plate number on the lower-left hand corner. DO NOT MAIL CASH. Temporary or third-party checks are NOT accepted.

Mail check or money order along with the lower portion of this form to: RI DMV, PO Box 9719, Providence, RI 02940-9719.

.....  
**REGISTRATION EXPIRES ON:**

**PLATE:**

**PLATE DESIGN:**

**REGISTRATION FEE:**

By checking "Yes" below, I hereby make application to register the described vehicle, and as part of my application declare that I am the owner or an authorized agent and certify under penalty of perjury that this vehicle is covered by liability insurance as described in RIGL 31-47 Motor Vehicles Reparations Act and will abide by conditions stated therein.

☐ YES

If you need to update your address, please use the link above.

I, the undersigned, hereby make application to register the described vehicle for use shown on this form, and as part of my application declare that I am the owner and that the following information is true to the best of my knowledge and belief. I certify under penalty of perjury that I have read the statement on the reverse side and will abide by conditions stated herein.

I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and laws and declare that all operations will be conducted in compliance with such requirements.

EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.

DO YOU CONSENT TO SUCH DISCLOSURE? ☐ YES ☐ NO

\_\_\_\_\_  
**SIGNATURE (REQUIRED)**