



STATE OF RHODE ISLAND

**DIVISION OF MOTOR VEHICLES**

**ROAD TEST SITE**

325 Melrose Street  
Providence, RI 02907

Phone: 401-462-5750

Fax: 401-462-1648

www.dmv.ri.gov

**VEHICLE USE AUTHORIZATION**

USE BLUE OR BLACK INK ONLY

**License Applicant**

\_\_\_\_\_

PERMIT NUMBER

\_\_\_\_\_

FULL NAME

\_\_\_\_\_

APPOINTMENT DATE

**Vehicle Information**

\_\_\_\_\_

RI REGISTRATION NUMBER\*

\_\_\_\_\_

PLATE TYPE

\_\_\_\_\_

VEHICLE YEAR / MAKE / MODEL

\* Current registration certificate and proof of insurance must be presented at the time of the test.

**Permission**

The undersigned hereby gives permission for the license applicant listed above, to use the vehicle listed above to perform a driving test.

\_\_\_\_\_

*Printed Name of Registered Owner / Corporate Agent*

\_\_\_\_\_

*Title of Corporate Agent (corporately owned vehicles only)*

\_\_\_\_\_

*Signature of Registered Owner / Corporate Agent*

\_\_\_\_\_

*Date*

**Notarization (required)**

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

*Signature of Notary Public*

\_\_\_\_\_

*Printed Name of Notary Public*

\_\_\_\_\_

*Commission Exp. Date*