



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES
RESEARCH/TITLE OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368
www.dmv.ri.gov

AFFIDAVIT FOR CANCELLATION OF REGISTRATION

This is to certify that the registrant(s) wish to cancel the registration of the vehicle described below but were unable to return the plate(s) because of the reason stated. If this cancellation request is submitted by mail, then it must be accompanied by a photocopy of the owner's photo identification.

OWNER INFORMATION

Acceptable identification must be present at time of cancellation.

(1) Owner/Lessee: _____ License number: _____

Residential Address: _____

VEHICLE INFORMATION

Plate/ Registration Number: _____ Expiration Date: _____

Year: _____ Make: _____ Model: _____

Number of Plates Returned: _____ State Reason Plate(s) are being returned: _____

SIGNATURES

I, THE UNDERSIGNED, HEREBY AFFIRM THAT THE ALL STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

FIRST OWNER/LESSEE SIGNATURE

FIRST OWNER/LESSEE PRINTED NAME

DATE

SECOND OWNER/LESSEE SIGNATURE

SECOND OWNER/LESSEE PRINTED NAME

DATE

If there are two owners, signatures of both owners are required.

INFORMATION OF PERSON PRESENTING THIS AFFIDAVIT (If not vehicle owner)

Name: _____ License Number: _____ License State: _____

Residential Address: _____

SIGNATURE

DATE

<p>ID presented: <input type="checkbox"/> First Owner/Lessee <input type="checkbox"/> Second Owner/Lessee <input type="checkbox"/> Other (see "Information of Person Presenting This Affidavit")</p>
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