



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION / DIVISION OF MOTOR VEHICLES
APPLICATION FOR REGISTRATION AND TITLE CERTIFICATE



NAME OF PERSON SUBMITTING DOCUMENTS TO DMV

PRINTED NAME:

SIGNATURE:

LICENSE NO.: LICENSE STATE

TRANSACTION TYPE: PLEASE SELECT ONE

1. NEW REGISTRATION
2. TRANSFER REGISTRATION - PLATE NO.
3. DUPLICATE REGISTRATION
4. PLATE CHANGE
5. UPDATE CURRENT INFO 6. SURVIVING SPOUSE
7. LATE RENEWAL (PLATE OR TITLE # _____)

A. OWNER'S INFORMATION (INDIVIDUAL OR COMPANY)

LAST NAME:

FIRST NAME: MIDDLE INITIAL: SUFFIX:

LICENSE NO.: D.O.B.

LAST NAME: FIRST NAME:
SECOND OWNER IF APPLICABLE

LICENSE NO.: D.O.B.

STREET ADDRESS:
WHERE VEHICLE IS KEPT OR GARAGED

CITY/STATE/ZIP:

STREET ADDRESS:
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)

CITY/STATE/ZIP:

B. LESSEE'S INFORMATION (LEASED VEHICLES)

LAST NAME:

FIRST NAME: MIDDLE INITIAL: SUFFIX:

STREET ADDRESS:

CITY/STATE/ZIP:

DRIVERS LICENSE NO.: D.O.B.

C. SELLER'S INFORMATION

SELLER'S NAME:

STREET ADDRESS:

CITY/STATE/ZIP:

DATE OF SALE: RI DEALER'S LICENSE #

D. INSURANCE INFORMATION

LIABILITY INSURANCE COMPANY NAME:

POLICY NUMBER EFFECTIVE DATES

IS YOUR REGISTRATION, LICENSE, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE SUSPENDED OR REVOKED? YES NO

FINANCIAL RESPONSIBILITY REQUIRED? YES NO COMPANY NAME

FOR OFFICIAL USE ONLY

Plate	Type	TAX:
		TOTAL:

TIN CASH CHECK

E. VEHICLE INFORMATION (ALL FIELDS ARE MANDATORY)

YEAR VIN (VEHICLE IDENTIFICATION NUMBER)

MAKE MODEL BODY TYPE GROSS WEIGHT

COLOR # OF CYLINDERS MILEAGE

NUMBER OF PASSENGERS VEHICLE HOLDS IS VEHICLE PART OF A FLEET? YES NO

IS VEHICLE ELECTRIC? IS VEHICLE DIESEL? DOES VEHICLE HAVE PICKUP BED? YES NO YES NO

CAMPERS OR TRAILERS ONLY: MOTORCYCLES ONLY:
LENGTH: CARRYING CAP: ENGINE SIZE / CC: HORSEPOWER:

F. COMMERCIAL VEHICLE / TRUCK INFORMATION ONLY

TRUCKS: NUMBER OF AXLES US DOT NUMBER

TRACTORS: NUMBER OF AXLES

TRUCKS AND TRACTORS: DISTANCE FROM FRONT TO REAR AXLES (CENTER OF STEERING AXLE TO CENTER OF EXTREME REAR AXLE)

*WHEN TRACTOR IS COMBINED WITH TRAILER THE LEGAL GROSS WEIGHT WILL BE DETERMINED BY THE DISTANCE FROM THE FRONT TO REAR AXLE AND NUMBER OF AXLES IN COMBINED UNIT

G. LIEN INFORMATION (COMPLETE IF THERE IS A VEHICLE LOAN)

1. LIENHOLDER NAME:

ADDRESS:

CITY: STATE: ZIP:

DATE OF LIEN:

2. LIENHOLDER NAME:

ADDRESS:

CITY: STATE: ZIP:

DATE OF LIEN:

H. SIGNATURE

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO REGISTER THE ABOVE DECLARED VEHICLE AND AS PART OF MY APPLICATION DECLARE THAT I AM THE OWNER, I DECLARE UNDER PENALTY OF PERJURY THAT NO OTHER LIENS EXIST AGAINST THE VEHICLE EXCEPT AS DESCRIBED HEREIN AND THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE 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 THEREIN.
PERSONAL INFORMATION CONTAINED IN YOUR MOTOR VEHICLE RECORD WILL BE DISCLOSED ONLY IF THE STATE HAS OBTAINED THE EXPRESS CONSENT OF THE PERSON TO WHOM SUCH PERSONAL INFORMATION PERTAINS. DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

OWNER'S SIGNATURE: DATE:

SECOND OWNER'S SIGNATURE:

IF CORPORATION, TITLE OR POSITION:

IF MINOR, SIGNATURE OF PARENT / GUARDIAN:

NOTARY PUBLIC SIGNATURE:

NOTARY PRINTED NAME: DATE:

COMMISSION EXPIRATION DATE (MANDATORY)

IMPORTANT INFORMATION

1. 6.0 - DECLARATION OF KNOWLEDGE:

Commercial motor vehicles with a gross vehicle weight of 10,000 pounds or more or transporting hazardous material. "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."

2. Application must be signed by owner personally. Any vehicle registered to any other name than that of the owner constitutes an illegal registration and the registrant thereof is subject to the penalty provided by law.
3. The LAW prohibits the registration of a vehicle in the name of a person under sixteen years of age. The LAW requires a person over sixteen years of age and under eighteen years of age to establish evidence of financial responsibility with the Division of Motor Vehicles and to file with the Division a certificate of consent approved by parents or legal guardian before registration can be issued unless special approval is obtained from the Division. Registration card shall at all times be carried in the vehicle to which it refers or shall be carried by the person driving or in control of such vehicle.

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 and Other Vehicles, known as the Motor Vehicles Reparatons Act, he/she will not operate or allow to be operated the motor vehicle described in the registration nor other motor vehicle unless all such motor vehicles are covered for financial security.

Because of a concern over the rising toll of motor vehicle accidents and the suffering and loss thereby inflicted, the legislature determined that it is a matter of grave concern that motorists shall be financially able to respond in damages for their negligent acts so that innocent victims of motor vehicle accidents may be recompensed for the injury and financial loss inflicted upon them. The aforementioned act was passed to address such concern.

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 any one person and \$50,000 to two or more persons in any one accident along with a limit of \$25,000 for injury to or destruction of property of others in any one accident or a combined bodily and property damage liability limit of \$75,000; OR by filing with the assistant director for motor vehicles in the Department of Administration in the amount of \$75,000; OR by qualifying as a self insurer.

Penalties for failure to comply with the provisions of the act may result in fines and/or suspension of license and registration.

The existence of this act and its requirements does not prevent the possibility that the applicant may be involved in an accident with an owner or operator of a motor vehicle who is without financial responsibility.

OFFICIAL USE ONLY

REGISTRATION CHECKLIST

Date: _____

MISSING:

- | | | |
|--|--|---|
| _____ Bill of sale | _____ Identification | _____ Name missing(_____) |
| _____ Death certificate | _____ Income tax block
(401) 222-6281 | _____ Operator Control (401) 462-0800 |
| _____ Divorce decree | _____ Lienholder (_____) | _____ Probate papers |
| _____ Emissions (401) 222-2983
FAX (401) 222-1054 | _____ Marriage certificate (state certified) | _____ Proof of residency |
| _____ Gross vehicle weight | _____ Mileage (_____) | _____ Proof of previous ownership |
| _____ Heir affidavit | _____ MVT-10 / void or correction letter | _____ RI Insurance or Minor Filing |
| | _____ Notarization needed | _____ Signature (_____) |
| | _____ Power of attorney | _____ Title / MSO / CO |
| | | _____ TR-5 (VIN check regular or salvage) |

OTHER: _____

CLERK INITIALS: _____

Unprocessed Work

1. date _____	4. cash or check _____	7. reg # _____
2. reason _____	5. tax _____	8. total _____
3. phone _____	6. title _____	_____