



STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
100 Main Street
Pawtucket, RI 02860

APPLICATION FOR CHAUFFEUR LICENSE

1. Print Full Name _____ 1a. Print Any Former Name _____

2. Current Residence _____

2a. Print Previous Address (within 10 years) _____

3. Mailing Address _____

4. Date of Birth _____ 4a. Place of Birth _____
(month / day / year) (City/ Town + State/Province + Country)

5. Sex _____ Weight _____ Height _____ Eye Color _____ Hair Color _____
(lbs.) (ft. / in.)

6. Do you now hold a valid license? _____ If so, what state? _____

License # _____ Expiration Date _____

7. How long have you held a license to operate a motor vehicle in this state? _____

7a. In what other states have you held licenses? _____ For how long? _____

8. Have you ever been convicted before in any District or Superior Court for any offense? NO YES

If yes, please explain: _____

9. Have you ever been hospitalized or treated for any reason or are you on any medications? NO YES

If yes, please explain: _____

10. Is your license suspended? NO YES

11. Class I: (Circle One) Jitney Bus Taxicab Public Livery CDL: Passenger

Non-Rhode Island residents must submit a **STATE** and a **LOCAL** BCI check and a certified copy of their driving record. Neither document can be more than 60 days old. Documents should be submitted with application.

This application, dully filled out, must be presented by applicant to the 100 Main Street, Pawtucket, RI 02860. It is the applicants' responsibilities to have their Police Chief complete their Police Department check. Residents of Rhode Island must return their R.I. Operator's License when the Chauffeur's License is issued.

Applicants for the Chauffeur's License are required to have three (3) certificates signed by responsible persons attesting to the applicant's good character and habits. Persons attesting to the applicant's character are subject to penalties.

CERTIFICATE 1**CERTIFICATE 2****CERTIFICATE 3**

Affadivit:	I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober, and of good character and habits.	I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober, and of good character and habits.	I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober, and of good character and habits.
Signature:			
Address:			
City:			
Occupation:			
Phone:			

POLICE DEPARTMENT USE ONLY (erasures will void certificate)

Town or City of: _____

Applicant must be at least 21 years of age and meet all requirements. Each police department is requested to complete a background investigation concerning the applicant.

BCI Check Completed: YES NOState BCI Check Completed: YES NO

Other – Please specify:

Record: YES NOAttached: YES NO

Approved _____

Disapproved _____

Signature, Chief of Police_____
Dept./City Seal

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR CHAUFFEUR LICENSE, AND DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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

Signature: _____

Subscribed and signed before me this _____ day of _____, 20 _____.

Notary Public Signature: _____

DMV USE ONLY

1. Application completed in full
2. Signature and notary
3. Police approval

4. DMV Background Approval
5. Clerk of Hearing Officer initial
6. Signature of Issuing Clerk

Date: _____