



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
100 Main Street
Pawtucket, RI 02860
401-463-4DMV (4368)
www.dmv.ri.gov

PHOTO LICENSE WAIVER AFFIDAVIT

I, the undersigned, during this period in which my license is to be renewed or duplicated (please check one):

- Will not be in the State of Rhode Island and will not have reasonable access to an office of the Rhode Island Division of Motor Vehicles.
- Suffer from a serious medical condition or serious illness or serious injury that will not in any way impede my ability to safely operate a motor vehicle.

I request that the photograph provision of the license be waived in my case. My reason for this is as follows (please give reason in writing):

**** NOTE: THE WAIVER WILL NOT BE PROCESSED WITHOUT A VALID REASON.**

I hereby certify that my legal residence is: _____

License Number: _____

Print Name: _____

Signature of Applicant: _____

Signed and sworn to before me this _____ day of _____, 20 ____.

Notary Public Signature

My Commission Expires: _____