



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

Table with 2 columns: TRANSACTION ID#, TOTAL. Includes a section for Payment Type (Please Check) with checkboxes for Cash, Check, and Credit Card.

REGISTRATION/DRIVER LICENSE INFORMATION REQUEST (RLI)

NAME of Person who is submitting this document

NAME: _____

SIGNATURE: _____

LICENSE NUMBER: _____ LICENSE STATE: _____

NAME of Agency, Business or Individual requesting information

NAME: _____

ADDRESS: _____

NUMBER and STREET

CITY/TOWN

STATE

ZIP CODE

DATE: _____

I hereby request information on the following motor vehicle:

Plate Number: _____

VIN: _____

Name of Owner: _____

Address of Owner: _____

I hereby request information on the following driver's license:

License Number: _____

Driver's Name: _____

Driver's Address: _____

FOR INSURANCE COMPANIES ONLY:

Insurance information available only on transfer of new registration after September, 1980.

Date of Loss: _____

Purpose of Request: _____

FEE: \$11.50 – required for each Registration Name, Plate, VIN, License Name or Driver License Inquiry.