STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
TITLE OFFICE
100 Main Street, Pawtucket, RI 02860
www.dmv.ri.gov

APPLICATION FOR TITLE (** SALVAGE **)

CHECKED BY	TITLE FEE	TITLE CODE	MILEAGE	OWNER'S LICENSE #
	$ 51.50			

ARE YOU APPLYING FOR: ❑ TITLE ONLY ❑ SECURITY ADDITION ❑ CORRECTION

OWNER'S DATE OF BIRTH

OWNER'S NAME
LAST FIRST M.I.

MAILING ADDRESS
STREET # CITY/TOWN STATE ZIP CODE

YEAR	MAKE	MODEL	BODY	CYL.	VEHICLE IDENTIFICATION #

TRUCKS and TRAILERS only GVW: _____ TRAILERS only LENGTH: _____

SELLER'S NAME
LAST FIRST M.I.

DATE SOLD

SELLER'S ADDRESS
STREET # CITY/TOWN STATE ZIP CODE

RI DEALER'S LIC. #	THIS VEHICLE IS:	PRIOR TITLE #	PRIOR TITLE STATE
	❑ NEW ❑ USED		

FIRST LIENHOLDER'S NAME
LAST FIRST M.I.

DATE OF LIEN

FIRST LIENHOLDER'S ADDRESS
STREET # CITY/TOWN STATE ZIP CODE

SECOND LIENHOLDER'S NAME
LAST FIRST M.I.

DATE OF LIEN

SECOND LIENHOLDER'S ADDRESS
STREET # CITY/TOWN STATE ZIP CODE

SALVAGE

Please indicate classification: ❑ Classification A (PARTS ONLY) ❑ Classification B (REPAIRABLE)

The undersigned declares under penalty of perjury that no other liens exist against this vehicle other than the above, and that all statements made on this application are true and complete to their 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

_____ _____ _____ _____
OWNER'S SIGNATURE DATE NOTARY PUBLIC DATE

NAME OF PERSON SUBMITTING DOCUMENTS:

_____ _____
Name (PLEASE PRINT) Signature

_____ _____ _____
Agent of License State License, Passport, Photo ID #

TR-9 (REV 04/09)

Customer has been informed of the lien legend that will appear on title. _____
Clerk's Initials