

Documents for the Road Test	Additional Requirements	Directions to Providence Test Site
<p><input type="checkbox"/> Original permit. Photocopies are not acceptable.</p> <p><input type="checkbox"/> Proof of valid <b>RHODE ISLAND</b> registration.</p> <p><u>Two exceptions:</u></p> <ol style="list-style-type: none"> <li>Valid military ID is required if vehicle is registered to family member of a military person or military person is stationed in RI.</li> <li>Driving school with a valid out-of-state registration must have current special RI Financial Responsibility Insurance Certificate (GU-1338b) on file with RI DMV. A copy of this form must also be presented to the Examiner at the Road Test site.</li> </ol> <p><input type="checkbox"/> Notarized letter allowing use of vehicle when registered owner is not present (letter from the owner/president of a corporation, if a corporate vehicle).</p> <p><input type="checkbox"/> Valid, current Rhode Island Insurance – identification card or photocopies are acceptable.</p> <p><input type="checkbox"/> Signed and notarized affidavit of 50 hours driving experience required for all drivers under 18 years of age.</p> <p><input type="checkbox"/> License of the supervising driver (out-of-state license is acceptable).</p> <p><input type="checkbox"/> Leased vehicles MUST show proof of lessee.</p> <p><input type="checkbox"/> <b>Completed “Application for License, Identification Card and Permits (LI-1)” form (required for first license issuance).*</b></p> <p>* If under 18 years of age and applying for a first license, the LI-1 form must be notarized if parent/guardian is not present or has a different last name than applicant.</p>	<p><input type="checkbox"/> Must be fully familiar with all controls of vehicle.</p> <p><input type="checkbox"/> Road Test Examiner will conduct a vehicle safety inspection.</p> <p><u>The following items are part of the Safety Inspection:</u></p> <ul style="list-style-type: none"> <li>Valid inspection sticker (exception: vehicles that are less than 2 years old or 24,000 miles or less, whichever comes first)</li> <li>SRS (airbag) Light - ABS Light</li> <li>Directional lights - Headlights</li> <li>Brake lights - Hazard lights</li> <li>Tires</li> <li>Illegal window tinting (aftermarket tint must have proper certification)</li> </ul> <p><input type="checkbox"/> No rental vehicles allowed for road test.</p> <p><input type="checkbox"/> No pets in vehicle used for road test.</p> <p><input type="checkbox"/> No cameras or recording devices will be allowed in the vehicle during the test.</p> <p><input type="checkbox"/> Due to the lack of modern safety features, <u>NO tests will be permitted in antique vehicles.</u></p> <p><input type="checkbox"/> <b>All directions will be given in English.</b></p> <p><b>GROUNDS FOR IMMEDIATE FAILURE OF A ROAD TEST ...</b></p> <ul style="list-style-type: none"> <li>Any motor vehicle violation as defined in Title 31 of the Motor Vehicle Code, 1956, as amended</li> <li>Equipment failure or erratic operation of the vehicle</li> <li>Lack of cooperation with the Licensed Examiner</li> <li>Dangerously inexperienced driver</li> <li>Leaving the designated roadway</li> <li>Dangerous actions             <ul style="list-style-type: none"> <li>A rolling stop</li> <li>A collision</li> </ul> </li> </ul> <p><b>NOTE:</b> Failures must wait <u>at least</u> 30 days to retake the road test.</p>	<p><b><u>Heading 95N from Westerly and other points South:</u></b> Take I-95 North to exit 16. Stay to the right to RT. 1, Elmwood Avenue. At end of exit ramp, make left onto Elmwood Avenue. Pass Roger Williams Park and Zoo. After the I-95 underpass, make first right onto Cadillac Drive. Continue for 1,000 feet and make left on Melrose Street. Cars being used for the road test should enter the DMV parking lot on the left and park in designated area for testing.</p> <p><b><u>Heading 95S from Pawtucket and other points North:</u></b> Take I-95 South to exit 17, Elmwood Avenue. At end of exit ramp, make right onto Elmwood Avenue, then an immediate right onto Cadillac Drive. Continue 1,000 feet and make a left onto Melrose Street. Cars being used for the road test should enter the DMV parking lot on the left and park in designated area for testing.</p>

**NOTE: Any non-U.S. citizen applying for their Rhode Island driver’s license must bring all supporting visa documents to obtain their license.**

According to Rhode Island General Law § 31-10-6(b)(2)(iii), a person under the age of eighteen (18) must complete a minimum of fifty (50) hours of driving experience with (ten) 10 of those hours completed at night. The fifty (50) hours can be completed with a commercial driving school or any other supervising driver.

The undersigned swears that, in compliance with Title 31, Chapter 47 of the General Laws, Motor and Other Vehicles, known as the Motor Vehicles Reparation Act, he/she will not operate or be allowed to be operated a motor vehicle unless all such motor vehicles are covered for financial security. Penalties for failure to comply with the provisions of the act may result in fines and/or suspension of license and registration.

The signature notarized below of a parent or guardian states the minor seeking to obtain a provisional license has completed the above requirements.

_____	_____	_____
PRINTED NAME OF APPLICANT	PRINTED NAME OF PARENT/LEGAL GUARDIAN	SIGNATURE OF PARENT/LEGAL GUARDIAN
_____	_____	
NOTARY PUBLIC	COMMISSION DATE	



USE BLACK OR BLUE INK ONLY

**TRANSACTION TYPE (SELECT ONE)**

<input type="checkbox"/> LICENSE <input type="checkbox"/> IDENTIFICATION CARD (complete sections A, B, C, D, E*, F* G) <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> UPDATE _____  <input type="checkbox"/> PERMIT (complete sections A, B, C, D, E*, G) <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> UPDATE _____  <b>COMPUTERIZED KNOWLEDGE EXAM (choose one language)</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> AMERICAN SIGN LANGUAGE (ASL)** <input type="checkbox"/> OTHER** _____ **Pre-scheduled appointment required	<p align="center"><b>• FOR DMV USE ONLY •</b></p> TIN: _____  <input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CC AMOUNT: _____  <p align="center"><b>EYE TEST RESULTS</b></p> WITH CORRECTIVE LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO RESULTS: _____ RESTRICTION: _____  <input type="checkbox"/> IDENTITY _____ <input type="checkbox"/> P.O.R. _____ <input type="checkbox"/> S.S. CARD _____ <input type="checkbox"/> OTHER _____
<input type="checkbox"/> MOTORCYCLE (complete sections A, B, C, D, G) <input type="checkbox"/> PERMIT <input type="checkbox"/> DUPLICATE PERMIT <input type="checkbox"/> LICENSE	

**A. APPLICANT'S INFORMATION (COMPLETE ALL FIELDS)**

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
DATE OF BIRTH: (MM/DD/YY)		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SOCIAL SECURITY NUMBER:			
RI DRIVER'S LICENSE # / R.I. ID # / PERMIT #:			PASSPORT / EMPLOYMENT AUTHORIZATION / RESIDENT ALIEN CARD #:				
STREET ADDRESS: RESIDENCE ADDRESS		APT/UNIT # or FLOOR #:	CITY/TOWN:		STATE:	ZIP CODE:	
STREET ADDRESS: MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)		APT/UNIT # or FLOOR #:	CITY/TOWN:		STATE:	ZIP CODE:	
TELEPHONE: ( )		ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO	100% DISABLED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN DESIGNATION: <input type="checkbox"/> YES (DD 214 MUST BE SHOWN, STATING "HONORABLE DISCHARGE") <input type="checkbox"/> NO			

**B. PLACE OF BIRTH (COMPLETE ALL FIELDS)**

COUNTRY:		STATE/PROVINCE:		CITY:	
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**C. PHYSICAL INFORMATION (COMPLETE ALL FIELDS)**

HEIGHT: FT./IN.	WEIGHT: LBS.	EYE COLOR: (check one) <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK	HAIR COLOR: (check one) <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE <input type="checkbox"/> BALD <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY
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**D. GENERAL QUESTIONS (COMPLETE ALL FIELDS)**

1. ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. DO YOU WANT TO REGISTER AS AN ORGAN AND TISSUE DONOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. DO YOU WANT TO REGISTER TO VOTE, IF YOU HAVE NOT ALREADY DONE SO (applicable to U.S. citizens only)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>PLEASE ENTER PARTY AFFILIATION BELOW</b> PARTY AFFILIATION: _____ If you are 18 years old on or before Election Day you may register. If you are at least 16 years of age, you may pre-register.		

4. IF YOU ARE TRANSFERRING A LICENSE FROM ANOTHER STATE, PLEASE COMPLETE THE FOLLOWING INFORMATION BELOW:  
 STATE: \_\_\_\_\_ LIC. #: \_\_\_\_\_ EXP.: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

**NOTICE TO MALES 18 TO 26 YEARS OF AGE:**

Pursuant to RI Gen. Laws 31-10-47(a), "(a)ny male, United States citizen or immigrant who is at least eighteen (18) years of age, but less than twenty-six (26) years of age shall be registered in compliance with the requirements of section 3 of the "Military Selective Service Act", 50 U.S.C. App. 451 et seq., when applying to receive a driver's license, renewal or identification card or renewal." Pursuant to RI Gen. Laws 31-10-47(b), the applicant recognizes that by submitting this application he is consenting to registration with the Selective Service system, if so required by federal law.

NOTE: IF LICENSE, ID OR PERMIT IS LOST, PLEASE COMPLETE "SECTION E" BELOW.

**E\*. AFFIDAVIT OF LOST LICENSE, LOST ID OR LOST PERMIT (COMPLETE ONLY IF LOST PERMIT, LICENSE OR ID)**

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE RHODE ISLAND LICENSE, IDENTIFICATION CARD OR PERMIT ISSUED TO ME WAS LOST, DESTROYED OR STOLEN. IF THE RHODE ISLAND LICENSE, IDENTIFICATION CARD OR PERMIT AGAIN COMES INTO MY POSSESSION, I WILL IMMEDIATELY RETURN THE SAME TO THE DIVISION OF MOTOR VEHICLES.

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

**F\*. VOLUNTARY TERMINATION OF A LICENSE AFFIDAVIT (COMPLETE ONLY IF SURRENDERING YOUR RI LICENSE)**

PLEASE ACCEPT THIS ATTACHED LICENSE FOR TERMINATION UNDER THE AUTHORITY OF THE STATE STATUTES REGARDING VOLUNTARY TERMINATION. PLEASE NOTE THAT IF YOUR REASON FOR TERMINATION IS FOR INSURANCE PURPOSES FOR A MINOR, PLEASE STATE SO. MY REASON FOR REQUESTING TERMINATION ON A VOLUNTARY BASIS IS: \_\_\_\_\_

I AM MAKING THIS REQUEST ON BEHALF OF MYSELF AND HEREBY ACKNOWLEDGE THE FOLLOWING:

- (a) A RECORD OF THIS TRANSACTION WILL BE ENTERED INTO A LICENSE FILE AS A VOLUNTARY SURRENDER.
- (b) I WILL BE PRECLUDED UNDER LAW FROM MAKING APPLICATION FOR ANOTHER LICENSE/PERMIT TO OPERATE FOR A PERIOD OF:  
OPERATOR'S LICENSE = 6 MONTHS      CHAUFFEUR'S LICENSE = 1 YEAR
- (c) PRIOR TO ANOTHER LICENSE BEING ISSUED, WRITTEN AND ROAD EXAMINATIONS WILL BE REQUIRED.
- (d) AFTER THIS VOLUNTARY TERMINATION, I WILL BE REQUIRED TO PAY ALL REQUIRED LICENSING FEES IF APPLICATION IS MADE FOR ANOTHER LICENSE.

NOTE: TERMINATION WILL NOT BE PROCESSED WITHOUT LICENSE OR AFFIDAVIT COMPLETED.

LICENSE #:

EXPIRATION DATE:

LICENSE PHYSICALLY SURRENDERED?

YES  NO

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

**G. SIGNATURE**

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EITHER A LICENSE, STATE IDENTIFICATION CARD OR PERMIT 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.

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 VEHICLE REPAIRATIONS ACT, HE/SHE WILL NOT OPERATE OR BE ALLOWED TO OPERATE THE MOTOR VEHICLE DESCRIBED IN THE REGISTRATION NOR OTHER MOTOR VEHICLE UNLESS ALL SUCH MOTOR VEHICLES ARE COVERED FOR FINANCIAL SECURITY. PENALTIES FOR FAILURE TO COMPLY WITH PROVISIONS OF THE ACT MAY RESULT IN FINES AND/OR SUSPENSION OF LICENSE AND REGISTRATION.

EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.

DO YOU CONSENT TO SUCH DISCLOSURE?       YES  NO

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

MINOR LAW CHAPTER 31-10 OF THE GENERAL LAWS OF RHODE ISLAND, 1956 AS AMENDED. CERTIFICATION BY PARENT(S) OR SUCH RESPONSIBLE PERSON AS INDICATED IN CHAPTER § 31-10 FOR A MINOR UNDER 18 YEARS OF AGE.

IF A MINOR IS APPLYING FOR A PERMIT, COMPUTERIZED KNOWLEDGE EXAM, OR FIRST LICENSE, THE APPLICATION MUST BE SIGNED BY A PARENT, LEGAL GUARDIAN, LICENSED FOSTER PARENT, OR RESPONSIBLE ADULT. IF THERE IS NO QUALIFIED PARENT, LEGAL GUARDIAN, OR LICENSED FOSTER PARENT, ANOTHER RESPONSIBLE ADULT WILLING TO ASSUME THE OBLIGATION IMPOSED UNDER §31-10-1 - 31-10-33 MAY SIGN. IN THE EVENT THE PARENT, LEGAL GUARDIAN, LICENSED FOSTER PARENT, OR RESPONSIBLE ADULT IS NOT PRESENT AT THE TIME THE APPLICATION IS SUBMITTED TO THE DMV, THEN THE SIGNATURE ON THE FORM WILL ONLY BE ACCEPTED IF NOTARIZED. COURT PAPERS OR APPROPRIATE DOCUMENTATION MUST BE PRESENTED TO THE DMV WHEN A LEGAL GUARDIAN OR LICENSED FOSTER PARENT IS SIGNING FOR A MINOR.

MOTHER'S/FATHER'S/GUARDIAN'S SIGNATURE:

NOTARY PUBLIC SIGNATURE:

NOTARY PRINTED NAME:

DATE: (MM/DD/YY)

COMMISSION EXPIRATION DATE (MANDATORY):

**FOR ENFORCEMENT OFFICE ONLY**

- IDENTITY \_\_\_\_\_
- P.O.R. \_\_\_\_\_ VALID TIL \_\_\_\_\_ DATE \_\_\_\_\_
- S.S. CARD \_\_\_\_\_ DMV OFFICIAL \_\_\_\_\_
- OTHER \_\_\_\_\_

STAMP

Large empty rectangular box for stamping.