



DIVISION OF MOTOR VEHICLES CHANGE OF ADDRESS NOTICE

401 – 462 - 4368 (4DMV)

NOTICE: The LAW requires YOU notify the DIVISION OF MOTOR VEHICLES within TEN (10) DAYS of any change of address.

LICENSE/ID NUMBER/CID	REGISTRATION		DISABILITY PLACARD NUMBER	DATE OF BIRTH		
	PLATE TYPE	PLATE NUMBER		MONTH	DAY	YEAR
FULL NAME <i>(please print)</i> ▶	FIRST NAME		MIDDLE NAME	LAST NAME		
IF REGISTRATION IN NAME OF COMPANY OR CORPORATION	PLEASE PRINT CORP. NAME AS IT APPEARS ON REGISTRATION					
OLD RESIDENCE ADDRESS ▶	STREET AND NUMBER		CITY/TOWN	ZIP CODE		
NEW RESIDENCE ADDRESS <i>(must be a Rhode Island address)</i> ▶	STREET AND NUMBER CANNOT BE P.O. BOX		CITY/TOWN	ZIP CODE		
NEW MAILING ADDRESS <i>(if different than residence)</i> ▶	STREET AND NUMBER		CITY/TOWN	ZIP CODE		
*TAX TOWN <i>(if different from New Residence City/Town)</i> ▶						
TELEPHONE NUMBER <i>(required)</i> ▶	PLEASE LEAVE A NUMBER WHERE WE CAN CONTACT YOU IF APPLICATION IS ILLEGIBLE OR INCOMPLETE					
	HOME PHONE		CELL PHONE	BUSINESS PHONE		
E-MAIL ADDRESS ▶						
<p>If you are registered to vote in Rhode Island, we will use your residence address to update where you are registered to vote.</p> <input type="checkbox"/> Do not update my voter registration address.						
<p>*If you have a vehicle that is customarily kept/garaged at an address other than your residence address, please complete and return the Affidavit for Tax Situs found at www.dmv.ri.gov under the Registration Forms tab.</p>						

I, the undersigned, declare under penalty of perjury that all statements made on this application for address change are true and complete to the best of my knowledge and belief.

SIGNATURE IN FULL (DO NOT PRINT)

DATE

MAIL TO:

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
600 New London Avenue
Cranston, RI 02920-3024
Attention: ADDRESS CHANGE**