

DIVISION OF MOTOR VEHICLES

CHANGE OF ADDRESS NOTICE

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

LICENSE/ID NUMBER	REGISTRATION		DISABILITY PLACARD NUMBER	DATE OF BIRTH		
	REG TYPE	PLATE NUMBER		MONTH	DAY	YEAR
PLEASE PRINT	FIRST NAME		MIDDLE NAME		LAST NAME	
<i>PLEASE PRINT CORP. NAME AS IT APPEARS ON REGISTRATION</i>						
IF REGISTRATION IN NAME OF COMPANY OR CORPORATION						
RESIDENCE ADDRESS	STREET AND NUMBER			TOWN		ZIP CODE
MAILING ADDRESS	STREET AND NUMBER			TOWN		ZIP CODE

ADDITIONAL REGISTRATIONS	
REG TYPE	PLATE NUMBER
REG TYPE	PLATE NUMBER

DATE MAILED

MONTH	DAY	YEAR

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.

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

SIGNATURE IN FULL (DO NOT PRINT)

MAIL TO: STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DIVISION OF MOTOR VEHICLES
 600 New London Avenue
 Cranston, RI 02920-3024