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	REGISTRATION		DISABILITY PLACARD NUMBER	DATE OF BIRTH
	REG TYPE	PLATE NUMBER		MONTH DAY YEAR

FIRST NAME MIDDLE NAME LAST NAME

FULL NAME *(please print)* ▶

PLEASE PRINT CORP. NAME AS IT APPEARS ON REGISTRATION

IF REGISTRATION IN NAME OF COMPANY OR CORPORATION

	STREET AND NUMBER	CITY/TOWN	ZIP CODE
OLD RHODE ISLAND RESIDENCE ADDRESS ▶			
NEW RHODE ISLAND RESIDENCE ADDRESS *(where vehicle is kept or stored)* ▶	STREET AND NUMBER ***CANNOT BE P.O. BOX !***	CITY/TOWN	ZIP CODE
NEW MAILING ADDRESS *(if different than residence)* ▶	STREET AND NUMBER	CITY/TOWN	ZIP CODE

TELEPHONE NUMBER *(required)* ▶ PLEASE LEAVE A NUMBER WHERE WE CAN CONTACT YOU IF APPLICATION IS ILLEGIBLE OR INCOMPLETE

E-MAIL ADDRESS ▶

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

Attention: ADDRESS CHANGE