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

LICENSE/ID NUMBER/CID

<table>
<thead>
<tr>
<th>REGISTRATION</th>
<th>DISABILITY PLACARD NUMBER</th>
<th>DATE OF BIRTH</th>
</tr>
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<tbody>
<tr>
<td>PLATE TYPE</td>
<td>PLATE DESIGN</td>
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</tbody>
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FULL NAME (please print)

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 (must be a Rhode Island address)

STREET AND NUMBER

CITY/TOWN

ZIP CODE

NEW MAILING ADDRESS (If different than residence)

STREET AND NUMBER

CITY/TOWN

ZIP CODE

*TAX TOWN (if different from New Residence City/Town)

TELEPHONE NUMBER (required)

PLEASE LEAVE A NUMBER WHERE WE CAN CONTACT YOU IF APPLICATION IS ILLEGIBLE OR INCOMPLETE

HOME PHONE

CELL PHONE

BUSINESS PHONE

E-MAIL ADDRESS

If you are registered to vote in Rhode Island, we will use your residence address to update where you are registered to vote.

☐ Do not update my voter registration address.

*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.

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

rev. 12/19