



DIVISION OF MOTOR VEHICLES
LICENSE AND REGISTRATION OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-5785/5786
www.dmv.ri.gov

AFFIDAVIT FOR LICENSE RENEWAL REQUEST BY MAIL

NOTE: Due to Federal regulations, all Commercial Driver's Licenses (CDL) must be renewed in person.

Completing the necessary information below enables you to receive a duplicate of your current Rhode Island operator's license while you are out-of-state or out-of country.

- 1. PHOTO LICENSE WAIVER AFFIDAVIT must be signed and properly notarized. The reason why you cannot appear in person must be written in the space provided. Only one waiver renewal may be requested. Subsequent renewals of your license must be applied in person.
2. CHECK OR MONEY ORDER made payable to Division of Motor Vehicle. Please DO NOT send cash. The fee for the renewal of a license is \$25.50. PLEASE MAKE SURE YOU HAVE SENT THE CORRECT FEE.
3. SELF-ADDRESSED STAMPED ENVELOPE must be provided. All licenses will be mailed to the applicant at an out-of-state address only. NO EXCEPTIONS will be made.

VISION ATTESTATION

I attest that I had my vision checked by a licensed professional in the last five (5) years and that I have taken the necessary steps to ensure that I have at least 20/40 visual acuity with or without corrective lenses and a minimum visual field of 115 degrees in the horizontal meridian. In the event that I have only one (1) functioning eye, my visual field is at least 40 degrees nasally and 75 degrees temporally (please check one):

I AGREE I DO NOT AGREE

NOTE: ADDRESS MUST MATCH THE SELF-ADDRESSED STAMPED ENVELOPE.

I hereby certify that my legal Rhode Island residence is: I request my duplicate license be mailed to:

I, the undersigned, during this period in which my license is to be renewed or duplicated (please check one):

- Will not be in the State of Rhode Island and will not have reasonable access to an office of the Rhode Island Division of Motor Vehicles.
Suffer from a serious medical condition or serious illness or injury that will not in any way impede my ability to safely operate a motor vehicle.

NOTE: THE WAIVER WILL NOT BE PROCESSED WITHOUT A VALID REASON.

My reason for the waiver is as follows (please give reason in writing):

License Number: Printed Name of Applicant:

Signature of Applicant:

Signed and sworn to before me this day of, 20.
Notary Public Signature: My Commission Expires:

Please return this completed form along with the CHECK OR MONEY ORDER to Rhode Island Division of Motor Vehicles, Attention: License and Registration Office, 600 New London Avenue, Cranston, RI 02920.