



Transaction Type (Please Select One)	
<input type="radio"/> LICENSE (complete sections A, B, C, D, H) <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> UPDATE <input type="checkbox"/> OUT-OF-STATE	<input type="radio"/> IDENTIFICATION CARD (complete sections A, B, C, E, H) <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> UPDATE
<input type="radio"/> PERMIT (complete sections A, B, C, D, H) <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> UPDATE	<input type="radio"/> MOTORCYCLE (complete sections A, B, C, D, H) <input type="checkbox"/> PERMIT <input type="checkbox"/> DUPLICATE PERMIT <input type="checkbox"/> LICENSE
<input type="checkbox"/> COMPUTERIZED KNOWLEDGE EXAM (Choose one language) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> AMERICAN SIGN LANGUAGE (ASL) * <small>* Pre-scheduled appointment required.</small>	<input type="radio"/> AFFIDAVIT OF LOST LICENSE, ID or PERMIT (complete sections A, B, C, F, H)
	<input type="radio"/> VOLUNTARY TERMINATION OF A LICENSE AFFIDAVIT (complete sections A, B, C, G, H)

A. Applicant's Information (Complete All Fields)

LAST NAME:	FIRST NAME:	MIDDLE NAME:	SUFFIX:
DATE OF BIRTH: (MM/DD/YY)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER:	
RI DRIVER'S LICENSE # / R.I. ID # / PERMIT #:		PASSPORT / EMPLOYMENT AUTHORIZATION / RESIDENT ALIEN CARD #:	
STREET ADDRESS: <i>RESIDENCE ADDRESS</i>		CITY/TOWN:	STATE: ZIP:
STREET ADDRESS: <i>MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)</i>		CITY/TOWN:	STATE: ZIP:
TELEPHONE: ())	EMAIL ADDRESS:	ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABLED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO

B. Place Of Birth (Complete All Fields)

COUNTRY:	STATE/PROVINCE:	CITY:
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C. Physical Information (Complete All Fields)

HEIGHT: ft/in	WEIGHT: lbs	EYE COLOR: (check one) <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK	HAIR COLOR: (check one) <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE <input type="checkbox"/> BALD <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY
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D. License/Permit/Knowledge Exam Questions

1. Are you a Rhode Island resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is your license or right to operate a vehicle currently suspended, revoked, or refused by this or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. Do you want to be an Organ Donor? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you have any conditions (other than eyesight) that could impair your ability to drive a motor vehicle? If yes, list any: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		9. Do you want to Register to Vote? (applicable to U.S. citizens only) <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been convicted of a motor vehicle offense in District or Superior Court? If yes, please explain: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		PARTY AFFILIATION: _____ If you are 18 years old on or before Election Day you may register. If you are at least 16 years of age, you may pre-register.
5. Do you use any type of corrective lenses while driving? <input type="checkbox"/> YES <input type="checkbox"/> NO		<p style="text-align: center; margin: 0;">NOTICE TO MALES 18 TO 26 YEARS OF AGE:</p> <p style="font-size: small; margin: 0;">Pursuant to RI Gen. Laws 31-10-47(a), "(a)ny male, United States citizen or immigrant who is at least eighteen (18) years of age, but less than twenty-six (26) years of age shall be registered in compliance with the requirements of section 3 of the "Military Selective Service Act", 50 U.S.C. App. 451 et seq., when applying to receive a driver's license, renewal or identification card or renewal."</p> <p style="font-size: small; margin: 0;">Pursuant to RI Gen. Laws 31-10-47(b), the applicant recognizes that by submitting this application he is consenting to registration with the Selective Service system, if so required by federal law.</p>
6. Have you ever held a license in any other state? If yes, what is the most recent state? _____ License Number: _____ Exp. Date: _____ Endorsements: _____ Restrictions: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		

E. Identification Card Questions (ONLY)				
1. Are you a Rhode Island resident?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Do you want to Register to Vote? (applicable to U.S. citizens only)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you a US Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
3. Do you hold a valid license from any state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
4. Do you want to be an Organ Donor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
			PARTY AFFILIATION: _____	
			If you are 18 years old on or before Election Day you may register. If you are at least 16 years of age, you may pre-register.	

F. Affidavit Of Lost License, Lost ID Or Lost Permit	
I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE RHODE ISLAND LICENSE, IDENTIFICATION CARD OR PERMIT ISSUED TO ME WAS LOST, DESTROYED OR STOLEN. IF THE RHODE ISLAND LICENSE, IDENTIFICATION CARD OR PERMIT AGAIN COMES INTO MY POSSESSION, I WILL IMMEDIATELY RETURN THE SAME TO THE DIVISION OF MOTOR VEHICLES.	
APPLICANT'S SIGNATURE:	DATE: (MM/DD/YY)

G. Voluntary Termination Of A License Affidavit		
PLEASE ACCEPT THIS ATTACHED LICENSE FOR TERMINATION UNDER THE AUTHORITY OF THE STATE STATUTES REGARDING VOLUNTARY TERMINATION. PLEASE NOTE THAT IF YOUR REASON FOR TERMINATION IS FOR INSURANCE PURPOSES FOR A MINOR, PLEASE STATE SO.		
MY REASON FOR REQUESTING TERMINATION ON A VOLUNTARY BASIS IS: _____		
I AM MAKING THIS REQUEST ON BEHALF OF MYSELF AND HEREBY ACKNOWLEDGE THE FOLLOWING:		
(a)	A RECORD OF THIS TRANSACTION WILL BE ENTERED INTO A LICENSE FILE AS A VOLUNTARY SURRENDER.	
(b)	I WILL BE PRECLUDED UNDER LAW FROM MAKING APPLICATION FOR ANOTHER LICENSE/PERMIT TO OPERATE FOR A PERIOD OF: OPERATOR'S LICENSE – 6 MONTHS / CHAUFFEUR'S LICENSE – 1 YEAR.	
(c)	PRIOR TO ANOTHER LICENSE BEING ISSUED, WRITTEN AND ROAD EXAMINATIONS WILL BE REQUIRED.	
(d)	AFTER THIS VOLUNTARY TERMINATION, I WILL BE REQUIRED TO PAY ALL REQUIRED LICENSING FEES IF APPLICATION IS MADE FOR ANOTHER LICENSE.	
NOTE: TERMINATION WILL NOT BE PROCESSED WITHOUT LICENSE OR AFFIDAVIT COMPLETED.		
LICENSE #:	EXPIRATION DATE:	LICENSE PHYSICALLY SURRENDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT'S SIGNATURE:		DATE: (MM/DD/YY)

NOTE: IF LICENSE IS LOST, PLEASE COMPLETE SECTION F, "AFFIDAVIT OF A LOST LICENSE, ID OR PERMIT."

H. Signature	
I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EITHER A LICENSE, STATE IDENTIFICATION CARD OR PERMIT AND DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
THE UNDERSIGNED (HEREINAFTER REFERRED TO AS "APPLICANT") SWEARS THAT, IN COMPLIANCE WITH TITLE 31, CHAPTER 47 OF THE GENERAL LAWS, MOTOR AND OTHER VEHICLES, KNOWN AS THE MOTOR VEHICLE REPAIRATIONS ACT, HE/SHE WILL NOT OPERATE OR BE ALLOWED TO OPERATE THE MOTOR VEHICLE DESCRIBED IN THE REGISTRATION NOR OTHER MOTOR VEHICLE UNLESS ALL SUCH MOTOR VEHICLES ARE COVERED FOR FINANCIAL SECURITY.	
PENALTIES FOR FAILURE TO COMPLY WITH PROVISIONS OF THE ACT MAY RESULT IN FINES AND/OR SUSPENSION OF LICENSE AND REGISTRATION.	
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 A DISCLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

APPLICANT'S SIGNATURE:	DATE: (MM/DD/YY)
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MINOR LAW CHAPTER 31-10 OF THE GENERAL LAWS OF RHODE ISLAND, 1956 AS AMENDED. CERTIFICATION BY PARENT(S) OR SUCH RESPONSIBLE PERSON AS INDICATED IN CHAPTER § 31-10 FOR A MINOR UNDER 18 YEARS OF AGE.

WHEN A MINOR IS APPLYING FOR EITHER A PERMIT OR TO TAKE A COMPUTERIZED KNOWLEDGE EXAM AND A PARENT OR LEGAL GUARDIAN IS NOT PRESENT, THEIR SIGNATURE ON THIS FORM WILL BE ACCEPTED BY THE DMV ONLY IF SIGNED IN FRONT OF A NOTARY PUBLIC AND NOTARIZED AFTERWARD. COURT PAPERS MUST BE PRESENTED TO DMV WHEN A LEGAL GUARDIAN IS SIGNING FOR A MINOR.

MOTHER'S or FATHER'S SIGNATURE:		
LEGAL GUARDIAN'S SIGNATURE:		
NOTARY PUBLIC SIGNATURE:	NOTARY PRINTED NAME:	DATE: (MM/DD/YY)
COMMISSION EXPIRATION DATE (MANDATORY):		

FOR DMV USE ONLY		EYE TEST RESULTS	
CLERK'S NAME _____	DATE _____	W/ CORRECTIVE LENSES?	Y or N
BRANCH _____		RESTRICTION: _____	

New Permit	New License	New ID	Motorcycle Licenses	Out-of-State Transfer
<input type="checkbox"/> LI-1 form <input type="checkbox"/> A certified birth certificate (not a copy) or Proof of Identity Document (see list) <input type="checkbox"/> Driver Education Certificate (if under 18) ¹ <input type="checkbox"/> Social Security Card* or valid U.S. Passport <input type="checkbox"/> Proof of residency (see list) ¹ If under 18 years of age and applying for a learner's permit, a birth certificate is mandatory if parent has a different last name than applicant.	<input type="checkbox"/> LI-1 form <input type="checkbox"/> Learner's permit (if under 18 years of age you will also need your 50-hour Affidavit) <input type="checkbox"/> Road Test Slip	<input type="checkbox"/> LI-1 form <input type="checkbox"/> A certified birth certificate (not a copy) or Proof of Identity Document (see list) <input type="checkbox"/> Social Security Card* or valid U.S. Passport <input type="checkbox"/> Proof of residency (see list)	<input type="checkbox"/> LI-1 form <input type="checkbox"/> Certificate of completion from the RI Motorcycle Safety course <input type="checkbox"/> Current, valid RI license	<input type="checkbox"/> LI-1 form <input type="checkbox"/> Your current license from the other state ² <input type="checkbox"/> Proof of residency (see list) <input type="checkbox"/> Social Security Card* or valid U.S. Passport <input type="checkbox"/> Proof of Identity document (see list) ²
<p>Address Change</p> <input type="checkbox"/> LI-1 form <input type="checkbox"/> Change of Address form (if by mail) <input type="checkbox"/> Current RI license or Identification Card	<p>Name Change</p> <input type="checkbox"/> LI-1 form <input type="checkbox"/> Social Security Card* or notice with your updated name (must wait 24 hours for name change to register with the Social Security Administration) <input type="checkbox"/> Current RI license or Identification card Original marriage certificate, original divorce decree or court papers (U.S., State, or Tribal)	<p>RI License/ID Renewal</p> <input type="checkbox"/> LI-1 form <input type="checkbox"/> Reinstatement notice (must be obtained from Operator Control) <input type="checkbox"/> One identity document (see list) <input type="checkbox"/> Proof of residency (see list) <p>All non U.S. citizens <i>must</i> bring all supporting documents to be reviewed</p>	<p>Lost License/ ID / Permit</p> <input type="checkbox"/> LI-1 form <input type="checkbox"/> One identity document (see list), AND one document bearing your signature (see list) <p>Gender Change</p> <input type="checkbox"/> LI-1 form <input type="checkbox"/> Gender Designation form <input type="checkbox"/> Current RI license or Identification card	² If the out-of-state license is not available at time of transfer you must submit a driving record or verification from the other state

Identity documents (legal name and date of birth) +

- Valid U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year); **or**
 - Birth certificate (must be original or certified copy, have a seal, and be issued by an authorized government agency such as the Bureau of Vital Statistics; hospital issued certificates are not acceptable); **or**
 - U.S. or foreign passport (B1, B2 and expired passports are not acceptable); **or**
 - U.S. Naturalization Certificate; **or**
 - INS form I-94 (document showing entry into U.S.); **or**
 - INS form I-688 (Temporary Resident ID Card); **or**
 - INS form I-688B, I-766 (Employment Authorization Card); **or**
 - U.S. Active Service, Retiree, or Reservist Military ID Card.
- + Government issued Marriage Certificate/License required to prove name change from primary identity document.

*** DOCUMENTARY PROOF OF SOCIAL SECURITY NUMBER**

- Official Social Security Card (laminated or metal cards are acceptable); **or**
- Verification letter from Social Security Administration containing applicant's name and SS #; **or**
- Denial letter from Social Security Administration containing applicant's name and date of birth.

Signature Documents

- Valid U.S./U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year); **or**
- U.S. or foreign passport (B1, B2 and expired passports are not acceptable); **or**
- Social Security Card* or valid U.S. Passport; **or**
- Work or school ID; **or**
- U.S. Active Service, Retiree, or Reservist Military ID Card.

All Out-of-Country and U.S. Territories drivers license transfers and RI State ID cards are only done from the DMV Cranston headquarters. These transactions are not performed at any DMV or AAA branch office.

- Documents required are as follows:
- LI-1 form
 - Drivers License (cannot be expired more than 1 yr)
 - Driving record (cannot be greater than 30 days old)
 - Original Birth Certificate
 - Social Security Card* or valid U. S. Passport
 - Proof of RI Residency

All documents are subject to review.
If license privileges are currently suspended, you must contact Operator Control first.

Proof of Residency

- Valid Voter Registration Card.
- Within 60 Days**
- Utility bill (gas, electric, telephone, cable, oil) in your name or in the name of an immediate family member with the same last name; **or**
 - Personal check or bank statement with your name and address (no P.O. box); **or**
 - Payroll check stub with your name and address.

- Within Valid Effective Dates**
- Insurance policy for your home/apartment with your name and address; **or**
 - Property tax bill for your residence; **or**
 - If a minor, school records, which include the student's address and are for the current school year (or past year if during summer vacation). Acceptable records include a report card, diploma, transcript or ID card, together with parent's license/ID with same address.

- Within 30 Days**
- Letter from Rhode Island shelter or halfway house indicating that applicant resides there. Such a letter must be on letterhead, must be dated within presentation and must include name and contact information of an administrator of the shelter or halfway house.