



USE BLACK OR BLUE INK ONLY

TRANSACTION TYPE		• FOR DMV USE ONLY •	
REAL ID CREDENTIAL OPT-IN/OPT OUT BOX (Please select desired credential type) <input type="checkbox"/> REAL ID CREDENTIAL <input type="checkbox"/> NON REAL ID CREDENTIAL <small>Note: Non REAL ID Credentials will have "NOT FOR FEDERAL IDENTIFICATION" on the card.</small>		TIN: _____	
<input type="checkbox"/> LICENSE <input type="checkbox"/> IDENTIFICATION CARD (complete sections A, B, C, D, E*, F* G) <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> UPDATE _____		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH <input type="checkbox"/> CC AMOUNT: _____	
<input type="checkbox"/> PERMIT (complete sections A, B, C, D, E*, G) <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> DUPLICATE <input type="checkbox"/> UPDATE _____ COMPUTERIZED KNOWLEDGE EXAM (choose one language) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> OTHER (INCLUDING ASL)** <small>**Pre-scheduled appointment required see website</small>		EYE TEST RESULTS WITH CORRECTIVE LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO RESULTS: _____ RESTRICTION: _____	
<input type="checkbox"/> MOTORCYCLE (complete sections A, B, C, D, G) <input type="checkbox"/> PERMIT <input type="checkbox"/> DUPLICATE PERMIT <input type="checkbox"/> LICENSE		<input type="checkbox"/> IDENTITY _____ <input type="checkbox"/> P.O.R. ONE _____ <input type="checkbox"/> P.O.R. TWO _____ <input type="checkbox"/> S.S. CARD _____ <input type="checkbox"/> OTHER _____	

A. APPLICANT'S INFORMATION (COMPLETE ALL FIELDS)

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
DATE OF BIRTH: (MM/DD/YY)	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	SOCIAL SECURITY NUMBER:		RI DRIVER'S LICENSE # / R.I. ID # / PERMIT #:			
EMAIL ADDRESS:			PASSPORT / EMPLOYMENT AUTHORIZATION / RESIDENT ALIEN CARD #:				
STREET ADDRESS: <small>RESIDENCE ADDRESS</small>		APT/UNIT # or FLOOR #:	CITY/TOWN:		STATE:	ZIP CODE:	
STREET ADDRESS: <small>MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)</small>		APT/UNIT # or FLOOR #:	CITY/TOWN:		STATE:	ZIP CODE:	
TELEPHONE: ()	ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO	100% DISABLED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN DESIGNATION: <input type="checkbox"/> YES (DD 214 MUST BE SHOWN, STATING "HONORABLE DISCHARGE") <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: <small>FT./IN.</small>	WEIGHT: <small>LBS.</small>	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. GENERAL QUESTIONS (COMPLETE ALL FIELDS)

1. Do you want to register (or continue to be registered) as an Organ and Tissue Donor? (If you are currently registered as an organ and tissue donor, you will remain registered only if you chose YES every time.) Visit donatellifenewengland.org for more information.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you a U.S. citizen?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. We will use your information to update your voter registration or register you to vote. <input type="checkbox"/> Do not use my information for voter registration. (Your decision not to register to vote is confidential. If you register, the place where you register is confidential.) If you are under age 16, you will not be registered to vote. If you are at least age 16, you will be pre-registered to vote. (You must be at least age 18 to vote.)		Party: _____	
4. IF YOU ARE TRANSFERRING A LICENSE FROM ANOTHER STATE, PLEASE COMPLETE THE FOLLOWING INFORMATION BELOW: STATE: _____ LIC. #: _____ EXP.: _____ ENDORSEMENTS: _____ RESTRICTIONS: _____ I acknowledge that receiving a Rhode Island Permit, License or ID card may cancel or invalidate any Permit, License or ID Card from another state per the laws of that state. Customer must initial the line to the right of this statement to acknowledge that they have read this statement.			
			INITIAL HERE _____

NOTICE TO MALES 18 TO 26 YEARS OF AGE:
 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." 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.

NOTE: IF LICENSE, ID OR PERMIT IS LOST, PLEASE COMPLETE "SECTION E" BELOW.

E*. AFFIDAVIT OF LOST LICENSE, LOST ID OR LOST PERMIT (COMPLETE ONLY IF LOST PERMIT, LICENSE OR ID)

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)

F*. VOLUNTARY TERMINATION OF A LICENSE AFFIDAVIT (COMPLETE ONLY IF SURRENDERING YOUR RI LICENSE)

PLEASE ACCEPT THIS ATTACHED LICENSE FOR TERMINATION UNDER THE AUTHORITY OF THE STATE STATUTES REGARDING VOLUNTARY TERMINATION.

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?

YES NO

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

G. SIGNATURE

EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

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.

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

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.

IF A MINOR IS APPLYING FOR A PERMIT, COMPUTERIZED KNOWLEDGE EXAM, OR FIRST LICENSE, THE APPLICATION MUST BE SIGNED BY A PARENT, LEGAL GUARDIAN, LICENSED FOSTER PARENT, OR RESPONSIBLE ADULT. IF THERE IS NO QUALIFIED PARENT, LEGAL GUARDIAN, OR LICENSED FOSTER PARENT, ANOTHER RESPONSIBLE ADULT WILLING TO ASSUME THE OBLIGATION IMPOSED UNDER §31-10-1 - 31-10-33 MAY SIGN. IN THE EVENT THE PARENT, LEGAL GUARDIAN, LICENSED FOSTER PARENT, OR RESPONSIBLE ADULT IS NOT PRESENT AT THE TIME THE APPLICATION IS SUBMITTED TO THE DMV, THEN THE SIGNATURE ON THE FORM WILL ONLY BE ACCEPTED IF NOTARIZED. COURT PAPERS OR APPROPRIATE DOCUMENTATION MUST BE PRESENTED TO THE DMV WHEN A LEGAL GUARDIAN OR LICENSED FOSTER PARENT IS SIGNING FOR A MINOR.

MOTHER'S/FATHER'S/GUARDIAN'S SIGNATURE:

NOTARY PUBLIC SIGNATURE:

NOTARY PRINTED NAME:

DATE: (MM/DD/YY)

COMMISSION EXPIRATION DATE (MANDATORY):

COMMISSION STATE (MANDATORY):

FOR ENFORCEMENT OFFICE ONLY

- IDENTITY _____
- P.O.R. ONE _____
- P.O.R. TWO _____
- S.S. CARD _____
- OTHER _____

VALID UNTIL _____ DATE

DMV OFFICIAL _____

STAMP

NOTE: ALL REAL ID LICENSE AND ID TRANSACTIONS REQUIRE A COMPLETED LI-1 FORM AND THE CORRECT NUMBER OF REQUIRED DOCUMENTS LISTED IN THE 3 BOXES BELOW

Proof of Identity Documents List

You must present one (1). These must bear the applicant's legal name and date of birth.

- A valid, unexpired **U.S. passport**;
- A **certified copy of a birth certificate** filed with a State Office of Vital Statistics or equivalent agency in the individual's State of birth;
- A **Consular Report of Birth Abroad (CRBA)** issued by the U.S. Department of State, Form FS-240, DS-1350 or FS-545;
- A valid, unexpired **Permanent Resident Card** (Form I-551) issued by DHS or INS;
- An unexpired **Employment Authorization Document (EAD)** issued by DHS, Form I-766 or Form I-688B;
- An **unexpired foreign passport** with a valid, unexpired U.S. visa affixed accompanied by the approved I-94 form documenting the applicant's most recent admittance into the U.S.;
- A **Certificate of Naturalization** issued by DHS, Form N-550 or Form N-570; or
- A **Certificate of Citizenship**, Form N-560 or Form N-561, issued by DHS.

Proof of a change to the name contained on the applicant's primary identity document must be demonstrated with a document issued by an authorized government agency.

If you have obtained or renewed your passport within the last 6 months, please bring an additional Identity Document, as your passport may not verify with the national database.

Proof of Residency Documents List

You must present two (2). P.O. Box addresses will not be accepted.

- A **utility bill** (gas, electric, telephone, cable, oil, water, sewer, satellite, heat, cell phone) with the address of residence clearly stated in the applicant's name or in the name of a member of the applicant's immediate family dated within the past sixty (60) days;
 - A **personal check or bank statement** with the applicant's name and address of residence dated within the past sixty (60) days;
 - A **payroll check** with the applicant's name and address of residence dated within the past sixty (60) days;
 - A **lease agreement** currently in effect. The lease agreement must contain the applicant's name and address of residence and the landlord's name, address, and telephone number.
Handwritten lease agreements will not be accepted;
 - A **letter issued by a Rhode Island state agency or a federal agency** with the applicant's name and address of residence approving the applicant's receipt of benefits from an entitlement program dated within the past sixty (60) days;
 - A **homeowner's or renter's insurance policy** for the applicant's home or apartment with the applicant's name and address of residence that is currently in effect;
 - An **automobile insurance policy** for the applicant's motor vehicle with the applicant's name and address of residence that is currently in effect;
 - A **property tax bill** for the applicant's residence from the immediately preceding year;
 - A **letter from a Rhode Island shelter or halfway house** indicating that the applicant resides at the facility. Such a letter must be on letterhead, must be dated within the past thirty (30) days and must include the name and contact information of an administrator of the shelter or halfway house;
 - A **jury duty summons** dated within the past sixty (60) days;
 - A **W-2 form** with the applicant's name and address of residence from the immediately preceding year;
 - An **installment loan contract** (automobile, student loan) with the applicant's name and address of residence that is currently in effect;
 - A current **Social Security Administration statement** with the applicant's name and address of residence;
 - A current **pension or retirement account statement** with the applicant's name and address of residence;
 - A Rhode Island-issued **firearms permit** with the applicant's name and address of residence that is currently in effect; or
 - A **valid Rhode Island driver's license or identification card**;
- If the applicant is a minor, in addition to any of the proof of residency documents listed above, the following are accepted:
- A **school record** from the current school year (report card, diploma, transcript, or ID card) stating the student's address of residence (past year if during summer vacation)
 - The Rhode Island driver's license or identification card of the individual signing the minor's application.

Proof of a Social Security Number Documents List

You must present one (1).

- An official **Social Security Card** (laminated cards are acceptable);
- A **letter issued by the Social Security Administration** stating that the applicant is not eligible to receive a Social Security Number;
- A **W-2 form** bearing the applicant's **full name and full Social Security Number**. The form must have been issued within the last five (5) years;
- A **1099 form** bearing the applicant's **full name and full Social Security Number** issued within the last five (5) years; or
- A **paystub** bearing the applicant's **full name and full Social Security Number** issued within the last five (5) years.

Note: All U.S. Territories driver's license transfers and RI State ID cards are only done at the DMV Cranston Headquarters. These transactions are not performed at any DMV or AAA branch office.

NOTE: EACH OF THE TRANSACTION DESCRIPTIONS BELOW REQUIRE ADDITIONAL DOCUMENTS ALONG WITH THE SUPPORTING DOCUMENTS FROM ABOVE

New Permit

- Driver Education Certificate (if under 18) ¹ - If you have a driving certificate, that has not been approved by CCRI, you must take the knowledge exam test.

¹ If under 18 years of age and applying for a learner's permit, the LI-1 form must be notarized if parent/guardian has a different last name than applicant.

American Sign Language (ASL) computerized permit exams or selected foreign language permit exams (please refer to DMV website for details) require a pre-scheduled appointment.

Name Change

- Social Security Card* (not a copy) or notice with your updated name (must wait 24 hours for name change to register with the Social Security Administration)
- Current RI license or Identification card
- Original government issued document indicating name change (ex. Marriage Certificate or Divorce Decree)

Address Change

- Current RI license or Identification card

RI License/ID/Permit Renewal or Duplicate AND New ID

DMV Customer only needs completed LI-1 form and the required supporting documents from above.

All non U.S. citizens *must* bring all supporting documents to be reviewed.

Gender Change

- Gender Designation form
- Current RI license or Identification card

Out-of-State Transfer

- Your current license from the other state
- 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 with an Identity Document (see list).**

Motorcycle Permit

- Certificate of completion from the RI Motorcycle Safety course
- Current RI license (must hold permit for 30 days)

Motorcycle License

- Current license and valid motorcycle permit

New Permit

- LI-1 form
 - A certified birth certificate (not a copy) or Proof of Identity Document (see list)
 - Driver Education Certificate (if under 18) ¹
 - If you have a driving certificate, that has not been approved by CCRI, you must take the knowledge exam test.
 - Proof of Social Security Number
 - Two (2) Proof of residency (see list)
- ¹ If under 18 years of age and applying for a learner's permit, the LI-1 form must be notarized if parent/guardian has a different last name than applicant.

American Sign Language (ASL) computerized permit exams or selected foreign language permit exams (please refer to DMV website for details) require a pre-scheduled appointment.

Name Change

- LI-1 form
- Social Security Card* (not a copy) or notice with your updated name (must wait 24 hours for name change to register with the Social Security Administration)
- Current RI license or Identification card
- Original government issued document indicating name change (ex. Marriage Certificate or Divorce Decree)

New ID

- LI-1 form
- A certified birth certificate (not a copy) or Proof of Identity Document (see list)
- Proof of Social Security Number
- Two (2) Proof of residency (see list)

RI License/ID/Permit Renewal or Duplicate

- LI-1 form
 - One identity document (see list)
- All non U.S. citizens must bring all supporting documents to be reviewed.**

Address Change

- LI-1 form
- Current RI license or Identification card

Gender Change

- LI-1 form
- Gender Designation form
- Current RI license or Identification card

Out-of-State Transfer

- LI-1 form
 - Your current license from the other state
 - Two (2) Proof of residency (see list)
 - Proof of Social Security Number
- 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 with an Identity Document (see list).**

Motorcycle Permit

- LI-1 form
- Certificate of completion from the RI Motorcycle Safety course
- Current RI license (must hold permit for 30 days)

Motorcycle License

- LI-1 form
- Current license and valid motorcycle permit

Proof of Identity Documents List
You must present one (1). These must bear the applicant's legal name and date of birth.

- A valid, unexpired **U.S. passport** ;
- A **certified copy of a birth certificate** filed with a State Office of Vital Statistics or equivalent agency in the individual's State of birth;
- A **Consular Report of Birth Abroad (CRBA)** issued by the U.S. Department of State, Form FS-240, DS-1350 or FS-545;
- A valid, unexpired **Permanent Resident Card** (Form I-551) issued by DHS or INS;
- An unexpired **Employment Authorization Document (EAD)** issued by DHS, Form I-766 or Form I-688B;
- An **unexpired foreign passport** with a valid, unexpired U.S. visa affixed accompanied by the approved I-94 form documenting the applicant's most recent admittance into the U.S.;
- A **Certificate of Naturalization** issued by DHS, Form N-550 or Form N-570;
- A **Certificate of Citizenship**, Form N-560 or Form N-561, issued by DHS;
- A U.S. Active Service, Retiree, or Reservist **Military ID Card**;
- A **Native American Tribal ID Card**;
- A valid **U.S. Driver's License** with photograph, signature, and date of birth (must not be expired for more than one year);
- A valid **U.S. Territory Driver's License** with photograph, signature, and date of birth (must not be expired for more than one year);
- A valid **Canadian Driver's License** with photograph, signature, and date of birth (must not be expired for more than one year); or
- An **employment authorization document (EAD)** issued by DHS, Form I-766, that indicates a grant of deferred action under the Deferred Action for Childhood Arrivals (DACA) Program.

Proof of Residency Documents List
You must present two (2). P.O. Box addresses will not be accepted.

- A **utility bill** (gas, electric, telephone, cable, oil, water, sewer, satellite, heat, cell phone) with the address of residence clearly stated in the applicant's name or in the name of a member of the applicant's immediate family dated within the past sixty (60) days;
 - A **personal check or bank statement** with the applicant's name and address of residence dated within the past sixty (60) days;
 - A **payroll check** with the applicant's name and address of residence dated within the past sixty (60) days;
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 - A **homeowner's or renter's insurance policy** for the applicant's home or apartment with the applicant's name and address of residence that is currently in effect;
 - An **automobile insurance policy** for the applicant's motor vehicle with the applicant's name and address of residence that is currently in effect;
 - A **property tax bill** for the applicant's residence from the immediately preceding year;
 - A **letter from a Rhode Island shelter or halfway house** indicating that the applicant resides at the facility. Such a letter must be on letterhead, must be dated within the past thirty (30) days and must include the name and contact information of an administrator of the shelter or halfway house;
 - A **jury duty summons** dated within the past sixty (60) days;
 - A **W-2 form** with the applicant's name and address of residence from the immediately preceding year;
 - An **installment loan contract** (automobile, student loan) with the applicant's name and address of residence that is currently in effect;
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 - A current **pension or retirement account statement** with the applicant's name and address of residence;
 - A Rhode Island-issued **firearms permit** with the applicant's name and address of residence that is currently in effect; or
 - A **valid Rhode Island driver's license or identification card**;
- If the applicant is a minor**, in addition to any of the proof of residency documents listed above, the following are accepted:
- A **school record** from the current school year (report card, diploma, transcript, or ID card) stating the student's address of residence (past year if during summer vacation)
 - The Rhode Island driver's license or identification card of the individual signing the minor's application.

Proof of a Social Security Number Documents List
You must present one (1).

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 - A **W-2 form** bearing the applicant's **full name and full Social Security Number**. The form must have been issued within the last five (5) years;
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