PHOTO LICENSE WAIVER AFFIDAVIT

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
License and Registration
600 New London Avenue, Cranston, RI 02920-3024
www.dmv.ri.gov

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 serious injury that will not in any way impede my ability to safely operate a motor vehicle.

I request that the photograph provision of the license be waived in my case. My reason for his is as follows (please give reason in writing):

_____

_____

_____

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

I hereby certify that my legal residence is: _____

_____

License Number: _____

Print Name: _____

Signature of Applicant: _____

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Signed and sworn to before me this _____ day of _____, 20 ____.

_____ My Commission Expires: _____
Notary Public Signature