



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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 DUPLICATE LICENSE 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.
2. CHECK OR MONEY ORDER made payable to Division of Motor Vehicle. Please DO NOT send cash. The fee for the duplicate license is \$26.50. PLEASE MAKE SURE YOU HAVE SENT THE CORRECT FEE.
3. CERTIFIED COPY of your BIRTH CERTIFICATE. NO PHOTOCOPIES will be accepted. Certificates will be returned to you.
4. 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.

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.