



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

ROAD TEST SITE

325 Melrose Street
Providence, RI 02907

Phone: 401-462-5750

Fax: 401-462-1648

www.dmv.ri.gov

VEHICLE USE AUTHORIZATION

USE BLUE OR BLACK INK ONLY

License Applicant

PERMIT NUMBER

FULL NAME

APPOINTMENT DATE

Vehicle Information

RI REGISTRATION NUMBER*

PLATE TYPE

VEHICLE YEAR / MAKE / MODEL

* Current registration certificate and proof of insurance must be presented at the time of the test.

Permission

The undersigned hereby gives permission for the license applicant listed above, to use the vehicle listed above to perform a driving test.

Printed Name of Registered Owner / Corporate Agent

Title of Corporate Agent (corporately owned vehicles only)

Signature of Registered Owner / Corporate Agent

Date

Notarization (required)

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

Signature of Notary Public

Printed Name of Notary Public

Commission Exp. Date