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

AFFIDAVIT FOR MOTORCYCLE / MOPED / MOTOR SCOOTER

Please review the following definitions per R.I.G.L. 31-1-3:

(j) “Motorcycle” means only those motor vehicles having not more than three (3) wheels in contact with the ground and a saddle on which the driver sits astride, except bicycles with helper motors as defined in subsection (1) of this section.

(k) “Motor-driven cycle” means every motorcycle, including every motor scooter, with a motor of no greater than five (5) horsepower, except bicycles with helper motors as defined in subsection (1) of this section.

(l) “Motorized bicycles” means two (2) wheel vehicles which may be propelled by human power or helper power, or by both, with a motor rated not more than one and one-half (1.5) break horsepower and two (2) (S.A.E.) horsepower which is capable of a maximum speed of not more than thirty (30) miles per hour.

(ee) “Motor scooter” means a motor-driven cycle with a motor rated not more than four and nine-tenths (4.9) horsepower and not greater than fifty (50) cubic centimeters, which is capable of a maximum speed of not more than thirty (30) miles per hour.

In order to properly classify and register your motorcycle/motor scooter/moped please provide the following information:

(Year) _________ (Make) _______________________ (Model) ___________________

(Vehicle Identification Number) __________________________________________________

Does this vehicle have pedals? □ YES □ NO

How many Cubic Centimeters (CCs)? _________

What is the horsepower of the vehicle? _________

What is the maximum speed this vehicle is capable of traveling? _________

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION AN AFFIDAVIT FOR MOTORCYCLE, MOPED OR MOTOR SCOOTER, 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.

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 DISCLOSURE? □ YES □ NO

__________________________________________    _______________________________________
Signature of Owner     Date

__________________________________________    _______________________________________
Signature of Dealer or Authorized Representative    Printed Name & License # of Dealership