

State of Rhode Island – Division of Motor Vehicles
 Attn: Plate Department
 600 New London Avenue
 Cranston RI 02920-3024
 www.dmv.ri.gov

Application for Remake and Vanity License Plates

PLEASE USE BLUE OR BLACK INK ONLY

1. PLATE OWNER <i>(Please print true full name of plate owner)</i>			
LAST NAME(or Business Name)	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS	CITY	STATE RI	ZIP CODE
EMAIL ADDRESS	HOME PHONE ()	CID (employees only)	

2. PLATE TYPE ORDER:	
<input type="checkbox"/> Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Camper <input type="checkbox"/> Veteran <input type="checkbox"/> Fire Fighter <input type="checkbox"/> Other	
CURRENT LICENSE PLATE NUMBER	PLATE TYPE <i>(passenger, commercial, motorcycle, etc)</i>

3. TYPE OF ORDER:	VANITY ORDERS	PLATE SELECTION																																										
I want to:	<u>OPTIONS</u>	<u>FILL IN PLATE LETTERS</u>																																										
<input type="checkbox"/> Remake Current Plate _____ <i>(current plate number)</i>	2-6 LETTERS AND NO NUMBERS OR 3-5 LETTERS AND 1 NUMBER OR 3-4 LETTERS AND 2 NUMBERS OR 3 LETTERS AND 3 NUMBERS * MOTORCYCLE AND COMMERCIAL VANITY 5 CHARACTERS MAX	<table style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="6" style="text-align: center;">FIRST CHOICE</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="6" style="text-align: center;">SECOND CHOICE</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td colspan="6" style="text-align: center;">CURRENT PLATE</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>							FIRST CHOICE												SECOND CHOICE												CURRENT PLATE											
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4. NON-CHARITABLE PLATES ORDERS. I WANT TO CHANGE MY PLATE DESIGN TO: <i>(See fee chart at www.dmv.ri.gov)</i>
<input type="checkbox"/> Wave <i>(passenger, commercial)</i> <input type="checkbox"/> Sailboat <i>(passenger & commercial)</i>

5. PLEASE SELECT LOCATION FOR PLATE PICK UP:
Pickup Location <i>(please check only one)</i> <input type="checkbox"/> Cranston <input type="checkbox"/> Middletown <input type="checkbox"/> Wakefield <input type="checkbox"/> Warren <input type="checkbox"/> Woonsocket

6. SIGNATURE REQUIRED FOR ALL APPLICANTS:		
<i>I certify (or declare) under penalty of perjury under laws of Rhode Island, that the foregoing is true and correct.</i>		
Signature	Date (mm/dd/yyyy)	Daytime phone number () -

Please enclose check or money order payable to RI DMV in the amount of \$ _____ . _____ *(See fee chart at www.dmv.ri.gov)*