



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
**DIVISION OF MOTOR VEHICLES**  
 RESEARCH/TITLE OFFICE  
 600 New London Avenue  
 Cranston, RI 02920-3024  
 Phone: 401-462-4368  
 www.dmv.ri.gov

OFFICIAL USE ONLY	
TRANSACTION ID#	TOTAL
Payment Type (Please Check)	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	

## REGISTRATION/DRIVER LICENSE INFORMATION REQUEST (RLI)

DATE OF REQUEST: \_\_\_\_\_

***NAME of Person who is submitting this document***

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CREDENTIAL NUMBER: \_\_\_\_\_ CREDENTIAL STATE: \_\_\_\_\_  ID Checked

**NAME of Agency, Business or Individual requesting information**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER and STREET

\_\_\_\_\_

CITY/TOWN

STATE

ZIP CODE

I hereby request information on the following **motor vehicle**:

Plate Number: \_\_\_\_\_

VIN: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

I hereby request information on the following **driver's license**:

License Number: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

**FOR INSURANCE COMPANIES ONLY:**

Date of Loss: \_\_\_\_\_ Insurance Policy Dates (if applicable): \_\_\_\_\_

Purpose of Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FEE: \$12.50** – Required for each Registration Name, Plate, VIN, License Name or Driver License Inquiry.