



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

## REGISTRATION/LICENSE INFORMATION REQUEST ~~FF~~ ~~DL~~

**FEE: \$11.50** – required for each Registration Name, Plate, VIN, License Name or Driver License Inquiry.

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

ADDRESS: \_\_\_\_\_

NUMBER and STREET

CITY/TOWN

STATE

ZIP CODE

DATE: \_\_\_\_\_

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:**

*Insurance information available only on transfer of new registration after September, 1980.*

Date of Loss: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_