



NAME OF PERSON SUBMITTING DOCUMENTS TO DMV		
PRINTED NAME:		
SIGNATURE:		
LICENSE NO.:	LICENSE STATE:	
TRANSACTION TYPE: PLEASE SELECT ONE		
<input type="checkbox"/> <u>NEW REGISTRATION</u> (complete sections A,B*,C,D,E,F*,G,H)		
<input type="checkbox"/> <u>TRANSFER REGISTRATION</u> —PLATE #: _____ (complete sections A,B*,C,D,E,F*,G,H)		
<input type="checkbox"/> <u>DUPLICATE REGISTRATION</u> – PLATE #: _____ (complete sections A,B*,D,E,H)		
<input type="checkbox"/> <u>PLATE CHANGE</u> (complete sections A,B*,D,E,H)		
<input type="checkbox"/> <u>UPDATE CURRENT INFORMATION</u> (complete sections A,B*,D,E,F*,H)	<input type="checkbox"/> <u>SURVIVING SPOUSE</u> (complete sections A,D,E,G,H)	
<input type="checkbox"/> <u>LATE RENEWAL</u> (LICENSE PLATE # OR TITLE # _____) (complete sections A,B*,D,E,F*,H)		
A. OWNER'S INFORMATION (INDIVIDUAL OR COMPANY)		
LAST NAME:	PHONE:	
FIRST NAME:	MIDDLE INITIAL:	SUFFIX:
LICENSE NUMBER:	D.O.B.	
RESIDENCE ADDRESS (WHERE VEHICLE IS KEPT OR GARAGED)		
STREET ADDRESS:		
CITY/STATE/ZIP:		
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)		
STREET ADDRESS:		
CITY/STATE/ZIP:		
<b>SECOND OWNER, IF APPLICABLE</b>		
LAST NAME:	FIRST NAME:	
LICENSE NUMBER:	D.O.B.	
* B. LESSEE'S INFORMATION (IF VEHICLE IS LEASED)		
LAST NAME:		
FIRST NAME:	MIDDLE INITIAL:	SUFFIX:
STREET ADDRESS:		
CITY/STATE/ZIP:		
LICENSE NO.:	D.O.B.	
C. SELLER'S INFORMATION		
SELLER'S NAME:		
STREET ADDRESS:		
CITY/STATE/ZIP:		
DATE OF SALE:	RI DEALER'S LICENSE #:	
D. INSURANCE INFORMATION		
LIABILITY INS. COMPANY NAME:		
POLICY NO.:	EFFECTIVE DATES:	
IS YOUR REGISTRATION, LICENSE, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FINANCIAL RESPONSIBILITY REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY NAME:	

FOR OFFICIAL USE ONLY		
Plate	Type	TAX:
		TOTAL:
TIN:		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH
E. VEHICLE INFORMATION (ALL FIELDS ARE MANDATORY)		
YEAR:	VIN (VEHICLE IDENTIFICATION NO.):	
MAKE:	MODEL:	BODY TYPE: GROSS WEIGHT:
COLOR:	NUMBER OF CYLINDERS:	MILEAGE:
NUMBER OF PASSENGERS	IS VEHICLE ELECTRIC?	IS VEHICLE DIESEL?
VEHICLE HOLDS: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES VEHICLE HAVE PICKUP BED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>CAMPERS AND TRAILERS ONLY:</b> LENGTH: CARRYING CAP:	
<b>MOTORCYCLES/MOPEDS/SCOOTERS ONLY:</b>		
PEDALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENGINE SIZE/CC/MPH: _____	MAX. SPEED: _____
* F. COMMERCIAL VEHICLE / TRUCK INFORMATION ONLY		
TRUCKS: NUMBER OF AXLES:	US DOT NUMBER:	
TRACTORS: NUMBER OF AXLES:	IS VEHICLE PART OF FLEET? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TRUCKS & TRACTORS: DISTANCE FROM FRONT TO REAR AXLES: (CENTER OF STEERING AXLE TO CENTER OF EXTREME REAR AXLE)		
<i>WHEN TRACTOR IS COMBINED WITH TRAILER THE LEGAL GROSS WEIGHT WILL BE DETERMINED BY THE DISTANCE FROM THE REAR AXLE &amp; NUMBER OF AXLES IN COMBINED UNIT</i>		
G. LIEN INFORMATION (COMPLETE IF THERE IS A VEHICLE LOAN)		
(1) LIENHOLDER NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
DATE OF LIEN:		
(2) LIENHOLDER NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
DATE OF LIEN:		
H. SIGNATURE		
I, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO REGISTER THE ABOVE DECLARED VEHICLE AND AS PART OF MY APPLICATION DECLARE THAT I AM THE OWNER, I DECLARE UNDER PENALTY OF PERJURY THAT NO OTHER LIENS EXIST AGAINST THE VEHICLE EXCEPT AS DESCRIBED HEREIN AND THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE STATEMENT ON THE REVERSE SIDE AND WILL ABIDE BY CONDITIONS STATED THEREIN. <small>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.</small>		
DO YOU CONSENT TO SUCH A DISCLOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE:
OWNER'S SIGNATURE:		
SECOND OWNER'S SIGNATURE:		
IF CORPORATION, GIVE TITLE OR POSITION:		
IF MINOR, SIGNATURE OF PARENT/GUARDIAN:		
NOTARY PUBLIC SIGNATURE:		
NOTARY PUBLIC NAME:		DATE:
COMMISSION EXPIRATION DATE (MANDATORY):		

**IMPORTANT INFORMATION**

1. 6.0 - DECLARATION OF KNOWLEDGE:  
Commercial motor vehicles with a gross vehicle weight of 10,000 pounds or more or transporting hazardous material. "I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and laws and declare that all operations will be conducted in compliance with requirements."
2. Application must be signed by owner personally. Any vehicle registered to any other name than that of the owner constitutes an illegal registration and the registrant thereof is subject to the penalty provided by law.
3. The LAW prohibits the registration of a vehicle in the name of a person under sixteen (16) years of age. The LAW requires a person over sixteen (16) years of age to establish evidence of financial responsibility with the Division of Motor Vehicles and to file with the Division a certificate of consent approved by parents or legal guardian before registration can be issued unless special approval is obtained from the Division. Registration card shall, at all times, be carried in the vehicle to which it refers or shall be carried by the person driving or in control of such vehicle.

**AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY**

The undersigned (hereinafter referred to as "applicant") swears that, in compliance with Title 31, Chapter 47 of the General Laws, Motor and Other Vehicles, known as the Motor Vehicles Reparations Act, he/she will not operate or allow to be operated the motor vehicle described in the registration nor other motor vehicle unless all such motor vehicles are covered for financial security.

Because of a concern over the rising toll of motor vehicle accidents and the suffering and loss thereby inflicted, the legislature determined that it is a matter of grave concern that motorists shall be financially able to respond in damages for their negligent acts so that innocent victims of motor vehicle accidents may be compensated for the injury and financial loss inflicted upon them. The aforementioned act was passed to address such concern.

The act requires every natural person, firm, partnership, association or corporation registering a vehicle or renewing the registration a vehicle or renewing the registration of a vehicle to aver that he/she will provide financial security on same.

The obligation will be met by maintaining a policy of liability insurance with bodily injury limits of \$25,000 to any one person and \$50,000 to two or more persons in any one accident along with a limit of \$25,000 for injury to or destruction of property of others in any one accident or a combined bodily and property damage liability limit of \$75,000; OR by filing with the assistant director for motor vehicles in the Department of Revenue in the amount of \$75,000; OR by qualifying as a self insurer.

Penalties for failure to comply with the provisions of the act may result in fines and/or suspension of license and registration.

The existence of this act and its requirements does not prevent the possibility that the applicant may be involved in an accident with an owner or operator of a motor vehicle who is without financial responsibility.

**OFFICIAL USE ONLY**

**REGISTRATION CHECKLIST**

Date: \_\_\_\_\_

**CRANSTON Fax Numbers: (401) 462-5785 (401) 462-5786**

<p><b>MISSING:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Bill of Sale  <input type="checkbox"/> Death Certificate (original)  <input type="checkbox"/> Divorce decree (final)  <input type="checkbox"/> Gross Vehicle Weight  <input type="checkbox"/> Heir affidavit  <input type="checkbox"/> Identification  <input type="checkbox"/> Lienholder (_____  <input type="checkbox"/> Marriage certificate (State certified)  <input type="checkbox"/> Mileage (_____  <input type="checkbox"/> MVT-10 / void or correction letter  <input type="checkbox"/> Other: _____                  _____             </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Notarization needed  <input type="checkbox"/> Power of Attorney  <input type="checkbox"/> Probate papers  <input type="checkbox"/> Name missing (_____  <input type="checkbox"/> Proof of residency  <input type="checkbox"/> Proof of previous ownership  <input type="checkbox"/> RI insurance or minor filing  <input type="checkbox"/> Signature (_____  <input type="checkbox"/> Title / MSO / CO  <input type="checkbox"/> TR-5 (VIN check regular or salvage)             </td> </tr> </table>	<input type="checkbox"/> Bill of Sale <input type="checkbox"/> Death Certificate (original) <input type="checkbox"/> Divorce decree (final) <input type="checkbox"/> Gross Vehicle Weight <input type="checkbox"/> Heir affidavit <input type="checkbox"/> Identification <input type="checkbox"/> Lienholder (_____ <input type="checkbox"/> Marriage certificate (State certified) <input type="checkbox"/> Mileage (_____ <input type="checkbox"/> MVT-10 / void or correction letter <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Notarization needed <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Probate papers <input type="checkbox"/> Name missing (_____ <input type="checkbox"/> Proof of residency <input type="checkbox"/> Proof of previous ownership <input type="checkbox"/> RI insurance or minor filing <input type="checkbox"/> Signature (_____ <input type="checkbox"/> Title / MSO / CO <input type="checkbox"/> TR-5 (VIN check regular or salvage)	<p><b>SUSPENSIONS:</b></p> <input type="checkbox"/> <b>EMISSIONS</b> (ph) (401) 222 – 2983 (fax) (401) 222 – 1054  <input type="checkbox"/> <b>INCOME TAX BLOCK</b> (ph) (401) 574 – 8941  <input type="checkbox"/> <b>CHILD SUPPORT</b> (ph) (401) 458 – 4400  <input type="checkbox"/> <b>OPERATOR CONTROL</b> (ph) (401) 462 - 0800
<input type="checkbox"/> Bill of Sale <input type="checkbox"/> Death Certificate (original) <input type="checkbox"/> Divorce decree (final) <input type="checkbox"/> Gross Vehicle Weight <input type="checkbox"/> Heir affidavit <input type="checkbox"/> Identification <input type="checkbox"/> Lienholder (_____ <input type="checkbox"/> Marriage certificate (State certified) <input type="checkbox"/> Mileage (_____ <input type="checkbox"/> MVT-10 / void or correction letter <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Notarization needed <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Probate papers <input type="checkbox"/> Name missing (_____ <input type="checkbox"/> Proof of residency <input type="checkbox"/> Proof of previous ownership <input type="checkbox"/> RI insurance or minor filing <input type="checkbox"/> Signature (_____ <input type="checkbox"/> Title / MSO / CO <input type="checkbox"/> TR-5 (VIN check regular or salvage)		

<p><b>UNPROCESSED WORK</b></p> <ol style="list-style-type: none"> <li>1. Date _____</li> <li>2. Reason _____</li> <li>3. Phone _____</li> <li>4. Cash or check _____</li> </ol>	<p>CLERK NAME: _____</p> <ol style="list-style-type: none"> <li>5. Tax _____</li> <li>6. Title _____</li> <li>7. Reg. # _____</li> <li>8. Total _____</li> </ol>	<p>CLERK NUMBER: _____</p>
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**Supervisor's Signature** \_\_\_\_\_