



NAME OF PERSON SUBMITTING DOCUMENTS TO DMV

PRINTED NAME: _____
SIGNATURE: _____
LICENSE #: _____ LICENSE STATE: _____

TRANSACTION TYPE (PLEASE SELECT ONE)

<input type="checkbox"/> NEW REGISTRATION PLATE #: _____ (complete sections A,B*,C,D,E,F*,G,H)	<input type="checkbox"/> TRANSFER REGISTRATION PLATE #: _____ (complete sections A,B*,C,D,E,F*,G,H)
<input type="checkbox"/> DUPLICATE REGISTRATION PLATE #: _____ (complete sections A,B*,D,E,H)	<input type="checkbox"/> PLATE CHANGE PLATE #: _____ (complete sections A,B*,D,E,H)
<input type="checkbox"/> UPDATE CURRENT INFORMATION PLATE #: _____ (complete sections A,B*,D,E,F*,H)	<input type="checkbox"/> SURVIVING SPOUSE PLATE #: _____ (complete sections A,D,E,G,H)
<input type="checkbox"/> LATE RENEWAL PLATE # or TITLE #: _____ (complete sections A,B*,D,E,F*,H)	FOR OFFICIAL USE ONLY PLATE DESIGN: _____

A. BUYER, NEW OWNER, OR LEASING COMPANY'S INFORMATION

LAST NAME (OR COMPANY NAME): _____ PHONE #: _____
FIRST NAME: _____ MIDDLE INITIAL: _____ SUFFIX: _____
LICENSE #: _____ D.O.B.: _____
STREET ADDRESS: *RESIDENCE (WHERE VEHICLE IS KEPT OR GARAGED)* APT./FLOOR: _____
CITY/STATE/ZIP CODE: _____
STREET ADDRESS: *MAILING (IF ADDRESS IS DIFFERENT THAN RESIDENCE)* APT./FLOOR: _____
CITY/STATE/ZIP CODE: _____
SECOND OWNER INFORMATION, IF APPLICABLE
LAST NAME: _____ FIRST NAME: _____
LICENSE #: _____ D.O.B.: _____

B*. LESSEE'S INFORMATION (IF VEHICLE IS LEASED)

LAST NAME: _____
FIRST NAME: _____ MIDDLE INITIAL: _____ SUFFIX: _____
STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
LICENSE #: _____ D.O.B.: _____

C. SELLER'S INFORMATION

SELLER'S NAME: _____
STREET ADDRESS: _____ APT./FLOOR: _____
CITY/STATE/ZIP CODE: _____
DATE OF SALE: _____ RI DEALER'S LICENSE #: _____

D. INSURANCE INFORMATION

LIABILITY INSURANCE COMPANY NAME: _____
POLICY #: _____ EFFECTIVE DATES (TO and FROM): _____
IS YOUR REGISTRATION, LICENSE, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE REVOKED? YES NO
FINANCIAL RESPONSIBILITY REQUIRED? YES NO COMPANY NAME: _____

FOR OFFICIAL USE ONLY

PLATE _____ TAX _____
X REFERENCE # _____ TOTAL _____
TIN _____ CHECK CASH CC

E. VEHICLE INFORMATION (ALL FIELDS ARE MANDATORY)

YEAR: _____ VIN (VEHICLE IDENTIFICATION #): _____
MAKE: _____ MODEL: _____ BODY TYPE: _____ GROSS VEHICLE WEIGHT: _____
COLOR: _____ # OF CYLINDERS: _____ CURRENT MILEAGE: _____
OF PASSENGERS _____ FUEL TYPE (CHECK ONLY ONE):
VEHICLE HOLDS: _____ GAS HYBRID ELECTRIC DIESEL CNG/LPG
DOES VEHICLE HAVE A PICKUP BED? YES NO **CAMPERS AND TRAILERS ONLY**
LENGTH: _____ CARRYING CAP.: _____
MOTORCYCLES/MODEPS/SCOOTERS ONLY
PEDALS? YES NO ENGINE SIZE/CC/MPH: _____ MAX SPEED.: _____

F*. COMMERCIAL VEHICLE/TRUCK INFORMATION ONLY

TRUCKS: # OF AXLES: _____ U.S. DOT #: _____
TRACTORS: # OF AXLES: _____ IS VEHICLE PART OF A FLEET? YES NO
TRUCKS AND TRACTORS: DISTANCE FROM FRONT TO REAR AXLES: _____
(CENTER OF STEERING AXLE TO CENTER OF EXTREME REAR AXLE)
WHEN TRACTOR IS COMBINED WITH TRAILER THE LEGAL GROSS WEIGHT WILL BE DETERMINED BY THE DISTANCE FROM THE REAR AXLE & # OF AXLES IN COMBINED UNIT

G. LIEN INFORMATION (COMPLETE IF THERE'S A VEHICLE LOAN)

(1) LIENHOLDER NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
DATE OF LIEN: _____
(2) LIENHOLDER NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____
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.
EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.

DO YOU CONSENT TO SUCH A DISCLOSURE? YES NO

OWNER'S SIGNATURE MUST BE NOTARIZED IF NOT PRESENT DURING TRANSACTION

OWNER'S SIGNATURE: _____ DATE: _____
SECOND OWNER'S SIGNATURE: _____
IF CORPORATION, GIVE TITLE OR POSITION: _____
IF MINOR, SIGNATURE OF PARENT OR 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

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

SUSPENSIONS:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> EMISSIONS
401-462-5890 (phone)
401-462-5838 (fax) | <input type="checkbox"/> INCOME TAX BLOCK
401-574-8941 (phone)
401-574-8863 (phone) | <input type="checkbox"/> CHILD SUPPORT
401-458-4400 (phone) | <input type="checkbox"/> ADJUDICATION
401-462-0800 (phone) |
|---|--|---|--|

UNPROCESSED WORK

CLERK NAME: _____ CLERK NUMBER: _____

- | | |
|-------------------------|-------------------|
| 1. Date: _____ | 5. Tax \$ _____ |
| 2. Reason: _____ | 6. Title \$ _____ |
| 3. Phone: _____ | 7. Reg. \$ _____ |
| 4. Cash or check: _____ | 8. Total \$ _____ |

FOR ENFORCEMENT OFFICE ONLY

- IDENTITY _____
- P.O.R. _____
- S.S. CARD _____
- OTHER _____

VALID TIL _____
DATE

DMV OFFICIAL _____

STAMP

Dealer Sale	Private Party Sale	Plate Change	Renewal / Re-Registration	Out-of-State Transfer
<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Dealer Sales Tax form <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Gross Vehicle Weight <input type="checkbox"/> RI license or identification card <input type="checkbox"/> RI Use Tax form (out-of-state dealers only) <input type="checkbox"/> Power of Attorney (if leased vehicle) <input type="checkbox"/> If two owners on title, both parties must be present during registration, if not, signature of the absent party must be notarized on TR-1 <p>And the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manufacturer's Statement of Origin (MSO) or original title (if model year of vehicle is 2001 or newer) <input type="checkbox"/> VIN check – if original title is from another state (if model year of vehicle is 2001 or newer) 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Sales Tax form <input type="checkbox"/> Original title (if model year of vehicle is 2001 or newer) <input type="checkbox"/> VIN check – if original title is from another state (if model year of vehicle is 2001 or newer) <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Gross Vehicle Weight <input type="checkbox"/> RI license or identification card <input type="checkbox"/> Proof of Previous Owner (non-titled vehicles) <input type="checkbox"/> Gift letter (notarized if vehicle gifted is from a non-immediate family member) <input type="checkbox"/> If two owners on original title, both parties must be present during registration, if not, signature of the absent party must be notarized on TR-1 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Registration Certificate(s) <input type="checkbox"/> RI license or identification card <input type="checkbox"/> Plates to be canceled 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Proof of Ownership (original title or previous registration) <input type="checkbox"/> RI license or identification card <input type="checkbox"/> Plate number (if available) 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> Original title - if model year of vehicle is 2001 or newer <input type="checkbox"/> Out-of-State leased vehicle transfers require an original title, if no loan. A photocopy of a title for a leased vehicle will be accepted ONLY if lienholder is listed on the original title. <input type="checkbox"/> VIN check (if model year of vehicle is 2001 or newer) (for VIN check locations, please contact your local police department) <input type="checkbox"/> Tax exempt card <input type="checkbox"/> Tax questionnaire (Bill of Sale, if applicable) <input type="checkbox"/> RI license or identification card (if out-of-state license is presented, proof of residency is additionally required) <input type="checkbox"/> Proof of Ownership (non-titled vehicles) <input type="checkbox"/> Power of Attorney (if leased vehicle) <input type="checkbox"/> If two owners on original title, both parties must be present during registration, if not, signature of the absent party must be notarized on TR-1
		Surviving Spouse	Duplicate Registration Certificate	
Name Change	Address Change	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Original title, in name of deceased (if model year of vehicle is 2001 or newer) <input type="checkbox"/> Current registration <input type="checkbox"/> Death certificate (original) <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> RI license or identification card 	<ul style="list-style-type: none"> <input type="checkbox"/> TR-1 form <input type="checkbox"/> Insurance Information (valid RI insurance) <input type="checkbox"/> RI license or identification card <input type="checkbox"/> Plate number (if available) 	

Proof of Residency

Within 60 Days

- Utility bill (gas, electric, telephone, cable, oil) in your name or in the name of an immediate family member with the same last name; **or**
- Personal check or bank statement with your name and address (no P.O. box); **or**
- Payroll check stub with your name and address.

Within Valid Effective Dates

- Insurance policy for your home/apartment with your name and address; **or**
- Property tax bill for your residence; **or**
- If a minor, school records, which include the student's address and are for the current school year (or past year if during summer vacation). Acceptable records include a report card, diploma, transcript or ID card, together with parent's license/ID with same address; **or**
- Valid Voter Registration Card.

Within 30 Days

- Letter from Rhode Island shelter or halfway house indicating that applicant resides there. Such a letter must be on letterhead, must be dated within presentation and must include name and contact information of an administrator of the shelter or halfway house.

Identity documents (legal name and date of birth)

- Rhode Island license or identification card or valid out-of-state license

IMPORTANT INFORMATION

- ♦ **If person registering the vehicle is not present during the registration transaction, the registration application (TR-1) must be notarized.**
- ♦ **SALVAGE TITLES: All salvage titles for vehicles, where the model year is 2001 or newer, are required to have a Salvage VIN Inspection (TR-5).**
- ♦ **All documents are subject to review.**