STATE OF RHODE ISLAND
OFFICE OF GOVERNOR GINA M. RAIMONDO

Application Form for Preferred License Plate

Phone: 401-222-2080
Fax: 401-222-8096
Email: preferredplates@governor.ri.gov

* indicates required information

Date of Application: ______________

Applicant Information (This information must match the vehicle registration.)

* Name of Applicant: ____________________________
(Applicant must be the registered vehicle owner.)

* License Number: ____________________________

* Address 1: ____________________________
Address2: ____________________________

* City: ____________________________  * Zip Code: __ __ __ __

* Phone 1: ___ ___ ___ Check one: Home ___ Work ___ Mobile ___
Phone 2: ___ ___ ___ Check one: Home ___ Work ___ Mobile ___

Email: ____________________________

Type of Plate Requested (Circle one): Passenger  Antique  Combination  Commercial
Motorcycle  Public  National Guard  Suburban  Veteran

Requested Preferred Plate:

1. _______  2. _______  3. _______  4. _______

Branch Location for Plate Pickup (Circle one): Cranston  Middletown  Wakefield  Woonsocket

By signing below, I certify that I am the above-named applicant and the information provided in this application is true and correct.

Applicant’s signature: __________________________________

RHODE ISLAND STATE HOUSE, PROVIDENCE, RHODE ISLAND 02903