



STATE OF RHODE ISLAND
OFFICE OF GOVERNOR GINA M. RAIMONDO

Application Form for Preferred License Plate

only one (1) plate request per application form

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: _____