

## DIVISION OF MOTOR VEHICLES CHANGE OF ADDRESS NOTICE

401 - 462 - 4368 (4DMV)

**NOTICE:** The LAW requires YOU notify the DIVISION OF MOTOR VEHICLES within TEN (10) DAYS of any change of address.

LICENSE/ID NUMBER/CID	REGISTRATION		DISABILITY PLACARD NUMBER		DATE OF BIRTH		
	PLATE TYPE	PLATE NUMBER			MONTH	DAY	YEAR
FULL NAME (please print)		FIRST NAME MIDDLE NAME			LAST NAME		
IF REGISTRATION IN NAME COMPANY OR CORPORATI	-	PLEAS	E PRINT CORP. NAM	ME AS IT APPEARS ON R	EGISTRATIOI	V	
OLD RESIDENCE ADDRESS		STREET AND NUMBER		CITY/TOWN			ZIP CODE
NEW RESIDENCE ADDRESS		STREET AND NUMBER CANNOT BE P.O. BOX		CITY/TOWN			ZIP CODE
NEW MAILING ADDRESS (if different than residence)		STREET AND NUMBER		CITY/TOWN			ZIP CODE
TAX TO (if different from New Residence City/7						1	
TELEPHONE NUMBER (required)		PLEASE LEAVE A NUMBER WHERE WE CAN COI HOME PHONE		NTACT YOU IF APPLICATION IS ILLEGIBLE OR INCOMPLET CELL PHONE BUSINESS PHONE			
E-MAIL ADDRE	ss 🕨		·				
If you are registered to vote in Rhode Island, we will use your residence address to update where you are registered to vote.  Do not update my voter registration address.							
If you have a vehicle that is customarily kept/garaged at an address other than your residence address, please complete and return the Affidavit for Tax Situs found at www.dmv.ri.gov under the Registration Forms tab.							
I, the undersigned, declare under penalty of perjury that all statements made on this application for address change are true and complete to the best of my knowledge and belief.							
SIGNATURE IN FULL (DO NOT PRINT)  DATE							

**MAIL TO:** 

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

600 New London Avenue Cranston, RI 02920-3024 Attention: ADDRESS CHANGE