



USE BLACK OR BLUE INK ONLY

**TRANSACTION TYPE (SELECT ONE)**

LICENSE  IDENTIFICATION CARD (complete sections A, B, C, D, E\*, F\* G)  
 NEW  RENEW  DUPLICATE  OUT-OF-STATE  UPDATE \_\_\_\_\_

PERMIT (complete sections A, B, C, D, E\*, G)  
 NEW  RENEW  DUPLICATE  UPDATE \_\_\_\_\_

**COMPUTERIZED KNOWLEDGE EXAM (choose one language)**  
 ENGLISH  SPANISH  PORTUGUESE  AMERICAN SIGN LANGUAGE (ASL)\*\*  
 OTHER\*\* \*\*Pre-scheduled appointment required see website

MOTORCYCLE (complete sections A, B, C, D, G)  
 PERMIT  DUPLICATE PERMIT  LICENSE

**• FOR DMV USE ONLY •**

TIN: \_\_\_\_\_

CHECK  CASH  CC AMOUNT: \_\_\_\_\_

**EYE TEST RESULTS**  
 WITH CORRECTIVE LENSES?  YES  NO  
 RESULTS: \_\_\_\_\_ RESTRICTION: \_\_\_\_\_

IDENTITY \_\_\_\_\_  
 P.O.R. \_\_\_\_\_  
 S.S. CARD \_\_\_\_\_  
 OTHER \_\_\_\_\_

**A. APPLICANT'S INFORMATION (COMPLETE ALL FIELDS)**

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
DATE OF BIRTH: (MM/DD/YY)		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SOCIAL SECURITY NUMBER:			
RI DRIVER'S LICENSE # / R.I. ID # / PERMIT #:			PASSPORT / EMPLOYMENT AUTHORIZATION / RESIDENT ALIEN CARD #:				
STREET ADDRESS: RESIDENCE ADDRESS		APT/UNIT # or FLOOR #:		CITY/TOWN:		STATE:	ZIP CODE:
STREET ADDRESS: MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)		APT/UNIT # or FLOOR #:		CITY/TOWN:		STATE:	ZIP CODE:
TELEPHONE: ( )		ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO		100% DISABLED VETERAN: <input type="checkbox"/> YES <input type="checkbox"/> NO		VETERAN DESIGNATION: <input type="checkbox"/> YES (DD 214 MUST BE SHOWN, STATING "HONORABLE DISCHARGE") <input type="checkbox"/> NO	

**B. PLACE OF BIRTH (COMPLETE ALL FIELDS)**

COUNTRY:		STATE/PROVINCE:		CITY:	
----------	--	-----------------	--	-------	--

**C. PHYSICAL INFORMATION (COMPLETE ALL FIELDS)**

HEIGHT: FT./IN.	WEIGHT: LBS.	EYE COLOR: (check one) <input type="checkbox"/> BROWN <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> DICHROMATIC <input type="checkbox"/> BLUE <input type="checkbox"/> BLACK <input type="checkbox"/> HAZEL <input type="checkbox"/> PINK	HAIR COLOR: (check one) <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE <input type="checkbox"/> BALD <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY
-----------------	--------------	---	---

**D. GENERAL QUESTIONS (COMPLETE ALL FIELDS)**

1. Do you want to register as an organ and tissue donor?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you a U.S. citizen?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. We will use your information to update your voter registration or register you to vote. Party: _____ <input type="checkbox"/> Do not use my information for voter registration. (The place where you register, or your decision not to register, is confidential.) If you are under age 16, you will not be registered to vote. If you are at least age 16, you will be pre-registered to vote. (You must be at least age 18 to vote.)			
4. IF YOU ARE TRANSFERRING A LICENSE FROM ANOTHER STATE, PLEASE COMPLETE THE FOLLOWING INFORMATION BELOW: STATE: _____ LIC. #: _____ EXP.: _____ ENDORSEMENTS: _____ RESTRICTIONS: _____			

**NOTICE TO MALES 18 TO 26 YEARS OF AGE:**  
 Pursuant to RI Gen. Laws 31-10-47(a), "(a)ny male, United States citizen or immigrant who is at least eighteen (18) years of age, but less than twenty-six (26) years of age shall be registered in compliance with the requirements of section 3 of the "Military Selective Service Act", 50 U.S.C. App. 451 et seq., when applying to receive a driver's license, renewal or identification card or renewal." Pursuant to RI Gen. Laws 31-10-47(b), the applicant recognizes that by submitting this application he is consenting to registration with the Selective Service system, if so required by federal law.

NOTE: IF LICENSE, ID OR PERMIT IS LOST, PLEASE COMPLETE "SECTION E" BELOW.

**E\*. AFFIDAVIT OF LOST LICENSE, LOST ID OR LOST PERMIT (COMPLETE ONLY IF LOST PERMIT, LICENSE OR ID)**

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT THE RHODE ISLAND LICENSE, IDENTIFICATION CARD OR PERMIT ISSUED TO ME WAS LOST, DESTROYED OR STOLEN. IF THE RHODE ISLAND LICENSE, IDENTIFICATION CARD OR PERMIT AGAIN COMES INTO MY POSSESSION, I WILL IMMEDIATELY RETURN THE SAME TO THE DIVISION OF MOTOR VEHICLES.

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

**F\*. VOLUNTARY TERMINATION OF A LICENSE AFFIDAVIT (COMPLETE ONLY IF SURRENDERING YOUR RI LICENSE)**

PLEASE ACCEPT THIS ATTACHED LICENSE FOR TERMINATION UNDER THE AUTHORITY OF THE STATE STATUTES REGARDING VOLUNTARY TERMINATION. PLEASE NOTE THAT IF YOUR REASON FOR TERMINATION IS FOR INSURANCE PURPOSES FOR A MINOR, PLEASE STATE SO. MY REASON FOR REQUESTING TERMINATION ON A VOLUNTARY BASIS IS: \_\_\_\_\_

I AM MAKING THIS REQUEST ON BEHALF OF MYSELF AND HEREBY ACKNOWLEDGE THE FOLLOWING:

- (a) A RECORD OF THIS TRANSACTION WILL BE ENTERED INTO A LICENSE FILE AS A VOLUNTARY SURRENDER.
- (b) I WILL BE PRECLUDED UNDER LAW FROM MAKING APPLICATION FOR ANOTHER LICENSE/PERMIT TO OPERATE FOR A PERIOD OF:  
 OPERATOR'S LICENSE = 6 MONTHS      CHAUFFEUR'S LICENSE = 1 YEAR
- (c) PRIOR TO ANOTHER LICENSE BEING ISSUED, WRITTEN AND ROAD EXAMINATIONS WILL BE REQUIRED.
- (d) AFTER THIS VOLUNTARY TERMINATION, I WILL BE REQUIRED TO PAY ALL REQUIRED LICENSING FEES IF APPLICATION IS MADE FOR ANOTHER LICENSE.

NOTE: TERMINATION WILL NOT BE PROCESSED WITHOUT LICENSE OR AFFIDAVIT COMPLETED.

LICENSE #:

EXPIRATION DATE:

LICENSE PHYSICALLY SURRENDERED?

YES  NO

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

**G. SIGNATURE**

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EITHER A LICENSE, STATE IDENTIFICATION CARD OR PERMIT AND DECLARE UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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 VEHICLE REPAIRATIONS ACT, HE/SHE WILL NOT OPERATE OR BE ALLOWED TO OPERATE THE MOTOR VEHICLE DESCRIBED IN THE REGISTRATION NOR OTHER MOTOR VEHICLE UNLESS ALL SUCH MOTOR VEHICLES ARE COVERED FOR FINANCIAL SECURITY. PENALTIES FOR FAILURE TO COMPLY WITH PROVISIONS OF THE ACT MAY RESULT IN FINES AND/OR SUSPENSION OF LICENSE AND REGISTRATION.

EXCEPT AS AUTHORIZED BY LAW, THE DMV WILL NOT DISCLOSE PERSONAL INFORMATION WITHOUT YOUR CONSENT.

DO YOU CONSENT TO SUCH DISCLOSURE?       YES  NO

APPLICANT'S SIGNATURE:

DATE: (MM/DD/YY)

MINOR LAW CHAPTER 31-10 OF THE GENERAL LAWS OF RHODE ISLAND, 1956 AS AMENDED. CERTIFICATION BY PARENT(S) OR SUCH RESPONSIBLE PERSON AS INDICATED IN CHAPTER § 31-10 FOR A MINOR UNDER 18 YEARS OF AGE.

IF A MINOR IS APPLYING FOR A PERMIT, COMPUTERIZED KNOWLEDGE EXAM, OR FIRST LICENSE, THE APPLICATION MUST BE SIGNED BY A PARENT, LEGAL GUARDIAN, LICENSED FOSTER PARENT, OR RESPONSIBLE ADULT. IF THERE IS NO QUALIFIED PARENT, LEGAL GUARDIAN, OR LICENSED FOSTER PARENT, ANOTHER RESPONSIBLE ADULT WILLING TO ASSUME THE OBLIGATION IMPOSED UNDER §31-10-1 - 31-10-33 MAY SIGN. IN THE EVENT THE PARENT, LEGAL GUARDIAN, LICENSED FOSTER PARENT, OR RESPONSIBLE ADULT IS NOT PRESENT AT THE TIME THE APPLICATION IS SUBMITTED TO THE DMV, THEN THE SIGNATURE ON THE FORM WILL ONLY BE ACCEPTED IF NOTARIZED. COURT PAPERS OR APPROPRIATE DOCUMENTATION MUST BE PRESENTED TO THE DMV WHEN A LEGAL GUARDIAN OR LICENSED FOSTER PARENT IS SIGNING FOR A MINOR.

MOTHER'S/FATHER'S/GUARDIAN'S SIGNATURE:

NOTARY PUBLIC SIGNATURE:

NOTARY PRINTED NAME:

DATE: (MM/DD/YY)

COMMISSION EXPIRATION DATE (MANDATORY):

**FOR ENFORCEMENT OFFICE ONLY**

- IDENTITY \_\_\_\_\_
- P.O.R. \_\_\_\_\_ VALID UNTIL \_\_\_\_\_ DATE
- S.S. CARD \_\_\_\_\_ DMV OFFICIAL \_\_\_\_\_
- OTHER \_\_\_\_\_

STAMP

<p><b>New Permit</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> A certified birth certificate (not a copy) or Proof of Identity Document (see list)</li> <li><input type="checkbox"/> Driver Education Certificate (if under 18) <sup>1</sup></li> </ul> <p>- If you have an out-of-state driving certificate, you must take the knowledge exam test.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security Card* (not a copy)</li> <li><input type="checkbox"/> Proof of residency (see list)</li> </ul> <p><sup>1</sup> If under 18 years of age and applying for a learner's permit, the LI-1 form must be notarized if parent/guardian has a different last name than applicant.</p>	<p><b>First License</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> Learner's permit (if under 18 years of age you will also need your 50-hour Affidavit)</li> <li><input type="checkbox"/> Road Test slip</li> </ul>	<p><b>New ID</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> A certified birth certificate (not a copy) or Proof of Identity Document (see list)</li> <li><input type="checkbox"/> Social Security Card* (not a copy)</li> <li><input type="checkbox"/> Proof of residency (see list)</li> </ul>	<p><b>Motorcycle Permit</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> Certificate of completion from the RI Motorcycle Safety course</li> <li><input type="checkbox"/> Current, valid RI license</li> </ul> <p>(must hold permit for 30 days)</p>	<p><b>Out-of-State Transfer</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> Your current license from the other state <sup>2</sup></li> <li><input type="checkbox"/> Proof of residency (see list)</li> <li><input type="checkbox"/> Social Security Card* (not a copy)</li> </ul> <p><b>If the out-of-state license is not available at time of transfer you must submit a driving record or verification from the other state with an Identity Document (see list).</b></p>
	<p><b>Name Change</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> Social Security Card* (not a copy) or notice with your updated name (must wait 24 hours for name change to register with the Social Security Administration)</li> <li><input type="checkbox"/> Current RI license or Identification card</li> <li><input type="checkbox"/> Original marriage certificate, original divorce decree or court papers (U.S., State, or Tribal)</li> </ul>	<p><b>RI License/ID Renewal</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> One identity document (see list)</li> </ul> <p><b>All non U.S. citizens <u>must</u> bring all supporting documents to be reviewed</b></p> <p><b>Lost License/ID/Permit</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> One identity document (see list), AND one document bearing your signature (see list)</li> </ul>	<p><b>Motorcycle License</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> Current license and valid motorcycle permit</li> </ul> <p><b>Gender Change</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LI-1 form</li> <li><input type="checkbox"/> Gender Designation form</li> <li><input type="checkbox"/> Current RI license or Identification card</li> </ul>	

**Identity documents (legal name and date of birth) +**

- Valid U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year); **or**
- Birth certificate (must be original or certified copy, have a seal, and be issued by an authorized government agency such as the Bureau of Vital Statistics; hospital issued certificates are not acceptable); **or**
- U.S. or foreign passport (B1, B2 and expired passports are not acceptable); **or**
- U.S. Naturalization Certificate; **or**
- INS form I-94 (document showing entry into U.S.); **or**
- INS form I-688 (Temporary Resident ID Card); **or**
- INS form I-688B, I-766 (Employment Authorization Card); **or**
- U.S. Active Service, Retiree, or Reservist Military ID Card.

+ Government issued Marriage Certificate/License required to prove name change from primary identity document.

---

**\* Documentary Proof of Social Security Number**

- Official Social Security Card (not a copy) (laminated or metal cards are acceptable); **or**
- Denial letter from Social Security Administration containing applicant's name and date of birth.

**Signature Documents (copies not accepted)**

- Valid U.S./U.S. Territory or Canadian Driver's License with photograph, signature, and date of birth (may not be expired for more than one year); **or**
- U.S. or foreign passport (B1, B2 or expired passports are not acceptable); **or**
- Social Security Card\* (not a copy) **or**
- Work or school ID; **or**
- U.S. Active Service, Retiree, or Reservist Military ID Card.

---

**Proof of Residency**

- Valid Voter Registration Card.

**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.

**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.

**All Out-of-Country and U.S. Territories driver's license transfers and RI State ID cards are only done from the DMV Cranston headquarters. These transactions are not performed at any DMV or AAA branch office.**

**Documents required for Out-of-Country are as follows:**

- LI-1 form
- Social Security Card\* (not a copy) or Social Security Denial Letter from the Social Security Administration
- Visa, along with supporting documents
- Proof of Residency

**All out-of-country applicants are required to provide supporting documents (e.g., I-94, DS-2019, I-20, etc.) along with the applicable visa.**

**Documents required for U.S. Territories are as follows:**

- LI-1 form
- Drivers License (cannot be expired more than 1 yr)
- Driving record (cannot be greater than 30 days old)
- Original Birth Certificate
- Social Security Card\* (not a copy)
- Proof of RI Residency

**If license privileges are currently suspended, you must contact Operator Control first.**

**All documents are subject to review.**

**American Sign Language (ASL) computerized permit exams require a pre-scheduled appointment.**