



STATE OF RHODE ISLAND  
**DIVISION OF MOTOR VEHICLES**  
 RESEARCH/TITLE OFFICE  
 600 New London Avenue  
 Cranston, RI 02920-3024  
 Phone: 401-462-5774 Fax: 401-462-5783  
 www.dmv.ri.gov

Official Use Only	
Transaction #	
Amount	\$
Check _____ CC _____ MO _____ Cash _____	

**REQUEST FOR INFORMATION**

TITLE / REGISTRATION / ID / DRIVER LICENSE

**\*CHOOSE ONE**

<input type="checkbox"/> <b>Title Inquiry - \$ 52.50 per VIN</b> * For vehicles 2001 & newer <i>Inquiry cannot be used in lieu of title</i>	<input type="checkbox"/> <b>Registration/ID/License Inquiry - \$12.50 per request</b> *For RI non-titled vehicles (2000 & older) (New Buyers must send copy of bill of sale)
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DATE OF REQUEST: \_\_\_\_\_

**Name of Agency, Business or Individual requesting information**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 NUMBER & STREET CITY/TOWN STATE ZIP CODE

**Reason for request (mandatory)**

\_\_\_\_\_  
 \_\_\_\_\_

**ID/Driver's License Information \$12.50**

License Number \_\_\_\_\_ Driver's name \_\_\_\_\_ Driver's Address \_\_\_\_\_

**Registration Vehicle Information \$12.50**

**Insurance Information**

Plate # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Vehicle Identification Number (VIN#) \_\_\_\_\_

Owner information: \_\_\_\_\_

**Title Law Letter required**  YES  NO

Name of Person Submitting Documents		
Signature:	Printed Name	License# & State/Photo ID #