



RHODE ISLAND DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
REGISTRATION RENEWAL

RENEWAL APPLICATION MUST BE MAILED OR RENEWED ONLINE AT WWW.DMV.RI.GOV
- ALLOW TWO (2) WEEKS FOR PROCESSING BY MAIL OR ONLINE -

INSTRUCTIONS:

1. Insurance information **MUST** be completed in order to process. Renewal application will be returned if Policy Number, Insurance Company Name (not insurance agent) and effective dates are not completed in full.
2. If your application is marked "unpaid taxes," it **MUST** be stamped by the tax collector of the community indicated.
3. Insert this completed form with check or money order, payable to: **Division of Motor Vehicles** into the envelope provided. Be sure the form is inserted correctly into the envelope provided.
4. Registration number **MUST** be indicated on the lower-left hand corner of the check or money order. **DO NOT MAIL CASH.** Temporary or third-party checks are **NOT** accepted.
5. As per the RI law known as the Motor Vehicle Reparations Act, you cannot operate a motor vehicle or allow any motor vehicle to be operated unless such motor vehicle is covered for financial security. Penalties for failure to comply with the provisions of this act may result in fines and/or suspension of your license and registration.

AFFIDAVIT OF COMPLIANCE FOR INSURANCE OR OTHER FINANCIAL RESPONSIBILITY

The undersigned (hereinafter referred to as "applicant") swears that, in compliance with Title 31, Chapter 47 of the General Laws, Motor Vehicles Reparations Act, he/she will not operate or allow to be operated the motor vehicle described in this registration nor any other motor vehicle unless all such motor vehicles are covered for financial security.

The act requires every natural person, firm, partnership, association or corporation registering a vehicle or renewing the registration of a vehicle to aver that he/she will provide financial security on same.

The obligation will be met by maintaining a policy of liability insurance with bodily injury limits of \$25,000 to two or more persons in any one accident along with a limit of \$25,000 for injury to or destruction of property in any one accident or a combined bodily injury and property damage liability of \$75,000; OR by filing with the Assistant Director for Motor Vehicles in the Department of Revenue of \$75,000; OR by making a financial security deposit with the Assistant Director for Motor Vehicles in the Department of Revenue of \$75,000; OR by qualifying as a self insurer.

Penalties for failure to comply with the provisions of the act are a minimum fine of \$500, maximum fine \$5,000 and revocation of the motor vehicle registration and license plates for a period of three (3) months for the first offense, six (6) months for the second and one (1) year for the third and subsequent offenses. In addition, violation of the law or subsequent time is deemed a misdemeanor and punishment may include a maximum fine of \$5,000, a year imprisonment, or both.

The act does not prevent the possibility that the applicant may be involved in an accident with an owner or operator who is without financial responsibility.

RENEWAL APPLICATION SHOULD BE MAILED BY THE 15TH OF EACH MONTH

YOUR SIGNATURE IS REQUIRED IN ORDER TO PROCESS YOUR RENEWAL APPLICATION

REGISTRATION EXPIRES ON:

[Check here for late renewal](#)

PLATE: _____ **TAX TOWN:** _____

REGISTRATION FEE: _____

PLATE DESIGN: _____

Insurance Company: _____
Policy Number: _____
Effective Dates: FROM _____ TO _____

I, the undersigned, hereby make application to register the described vehicle for use shown on this form, and as part of my application declare that I am the owner and that the following information is true to the best of my knowledge and belief. I certify under penalty of perjury that I have read the statement on the reverse side and will abide by conditions stated herein.

"I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and laws and declare that all operations will be conducted in compliance with such requirements."

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

If you need to update your address, please visit the DMV website:
www.dmv.ri.gov

Name: _____
 Address: _____
 City, State, Zip: _____
 Vehicle's Year, Make, Color, VIN#: _____

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

SIGNATURE

RI DMV – RIMS
600 New London Avenue
Cranston, RI 02920