



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES
RESEARCH/TITLE OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368
www.dmv.ri.gov

Table with 2 columns: TRANSACTION ID#, TOTAL. Includes a section for Payment Type (Please Check) with checkboxes for Cash, Check, and Credit Card.

REGISTRATION/DRIVER LICENSE INFORMATION REQUEST (RLI)

NAME of Person who is submitting this document

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ LICENSE STATE: \_\_\_\_\_

NAME of Agency, Business or Individual requesting information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER and STREET

CITY/TOWN

STATE

ZIP CODE

DATE: \_\_\_\_\_

I hereby request information on the following motor vehicle:

Plate Number: \_\_\_\_\_

VIN: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

I hereby request information on the following driver's license:

License Number: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

FOR INSURANCE COMPANIES ONLY:

Insurance information available only on transfer of new registration after September, 1980.

Date of Loss: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEE: \$12.50 – required for each Registration Name, Plate, VIN, License Name or Driver License Inquiry.