

State of Rhode Island - Division of Motor Vehicles
Application for Chauffeur License

USE BLUE OR BLACK INK ONLY

Transaction Type (Please Select One)

CHAUFFEUR LICENSE (complete sections A, B, C, D) **Please check box below if applying for a CDL Passenger endorsement (P):**

Type of vehicle you will be driving: JITNEY BUS TAXICAB PUBLIC LIVERY CDL: PASSENGER

A. Applicant's Information (All Fields Are Mandatory)

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
ANY FORMER NAME: <i>PLEASE PRINT</i>				OPERATOR'S LICENSE NUMBER:			
RESIDENCE ADDRESS:			CITY/TOWN:		STATE:		ZIP:
PREVIOUS RESIDENCE ADDRESS: <small>(IF WITHIN THE PAST 10 YEARS)</small>			CITY/TOWN:		STATE:		ZIP:
MAILING ADDRESS: <small>(IF DIFFERENT FROM RESIDENCE)</small>			CITY/TOWN:		STATE:		ZIP:
DATE OF BIRTH: (MM/DD/YY)		PLACE OF BIRTH: (CITY/TOWN, STATE, PROVINCE OR COUNTRY)				SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
WEIGHT: _____ LBS	HEIGHT: _____ FT _____ IN	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			

B. Chauffeur License Questions

1. Is your license or right to operate a vehicle currently suspended, revoked or refused by this or any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p style="text-align: center;">TO BE COMPLETED BY OUT-OF-STATE TRANSFERS ONLY</p> 5. Have you ever held a license in any other state? If yes, what is the most recent state? _____ License Number: _____ Exp. Date: _____ Endorsements: _____ Restrictions: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been convicted before any court for any offense? If yes, please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Do you have any conditions (other than eyesight) that could impair your ability to drive a motor vehicle? If yes, please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Have you ever held a license to operate a motor vehicle in this state? If yes, how long: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		7. Are you a Rhode Island resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		8. Do you use any type of corrective lenses while driving? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Non-Rhode Island residents must submit a certified **STATE** and **LOCAL** BCI check and a certified copy of their driving record. Neither document can be more than 60 days old. Documents should be submitted with application. This application, duly filled out, must be presented by applicant to the Rhode Island Division of Motor Vehicles, 600 New London Avenue, Cranston, R.I. 02920. It is the applicants' responsibility to have their Police Chief complete their Police Department check. Residents of Rhode Island must return their R.I. Operator's License when the Chauffeur License is issued.

Applicants for the chauffeur license are required to have three (3) references, signed by responsible persons, attesting to the applicant's good character and habits. Persons attesting to the applicant's character are subject to penalties.

C. Three References

REFERENCE 1

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:	TELEPHONE:	OCCUPATION:
RESIDENCE ADDRESS:	CITY/TOWN:	STATE: ZIP:

CONTINUED ON BACK

C. Three References (continued)

REFERENCE 2

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:	TELEPHONE:	OCCUPATION:
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RESIDENCE ADDRESS:	CITY/TOWN:	STATE:	ZIP:
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REFERENCE 3

I, the undersigned, have known _____ for _____ years and know him/her to be honest, sober and of good character and habits.

SIGNATURE:	TELEPHONE:	OCCUPATION:
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RESIDENCE ADDRESS:	CITY/TOWN:	STATE:	ZIP:
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NOTE:

All chauffeur applicants are required to get an original Criminal Background Report (BCI) from the Rhode Island Attorney General's Office, located at 150 South Main Street, Providence, RI 02903.

D. Signature: Authorization For Release Of Information

I, the undersigned, hereby make application for chauffeur license, 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. As part of this application process, the Division of Motor Vehicles will make inquiries to federal, state and local law enforcement agencies as to criminal background information as well as motor vehicle information in order to determine the fitness and competency of the applicant to hold a chauffeurs license.

I, _____ voluntarily consent to the disclosure and release any and all information with the above stated agencies.

Applicant Signature: _____

Subscribed and signed before me this _____ day of _____, 20_____.

Notary Public Signature: _____ Commission Exp. _____

FOR DMV USE ONLY

DATE ISSUED: _____

GRANTED FOR: _____

PENDING: _____

SIGNATURE: _____

1. Application completed in full
2. Signature and notary
3. Police approval

4. DMV Background Approval
5. Clerk of Hearing Officer initials
6. Signature of Issuing Clerk

Date: _____