



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Rules and Regulations Filing Form

1. Agency Name and Address

Motor Vehicles, Division of
 600 New London Avenue Cranston, RI 02920

2. Title of Rule

Rules of Practice and Procedure for the Division of Motor Vehicles

3. Statutory Source of Authority

RIGL Chapters 31-2 and 42-35

4. Concise Explanatory Statement - §42-35-2.6

The only amendment is the additional requirement of retesting in the event that an applicant's operator license has expired for a specified period of time.

5. Type of Filing

| Emergency Rules | |
|--|---|
| <p>A1. Emergency 120-day initial - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p> | <p>A2. Emergency 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p> |
| <p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p> | |

| Final Rules | | |
|---|---|--|
| <p><input checked="" type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input type="checkbox"/> C. Technical Revision</p> | <p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p> | <p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p> |
| <p>Supersedes ERLID: 5297</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections: New 4.1.8</p> | | |

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:01/05/2012
 Date of Public Hearing - §42-35-2.8:02/06/2012
 End of Comment Period - §42-35-2.8 :02/06/2012

7. Agency Additional Information - Web Page

<http://www.dmv.ri.gov>

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public

Subscribed and sworn before me
 this _____ day of _____, _____