

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: PLEASE PRINT							
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: (Circle one) BROWN GREEN GRAY DICHROMATIC BLUE BLACK HAZEL PINK		HAIR COLOR: (Circle one) BLACK BROWN WHITE BALD BLONDE RED 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?	YES	NO	<b>TO BE COMPLETED BY OUT-OF-STATE TRANSFERS ONLY</b>			
2. Have you ever been convicted before any court for any offense? If yes, please explain: _____	YES	NO		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: _____	YES	NO
3. Do you have any conditions (other than eyesight) that could impair your ability to drive a motor vehicle? If yes, please explain: _____	YES	NO		6. Are you a US Citizen?	YES	NO
4. Have you ever held a license to operate a motor vehicle in this state? If yes, how long: _____	YES	NO		7. Are you a Rhode Island resident?	YES	NO
			8. Do you use any type of corrective lenses while driving?	YES	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, RI 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:
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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:
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**POLICE DEPARTMENT USE ONLY (ERASURES WILL VOID CERTIFICATE)**

Town or City of: \_\_\_\_\_

Applicant must be at least 21 years of age and meet all requirements. Each police department is requested to complete a background investigation concerning the applicant.

BCI check completed:  YES  NO      State BCI check completed:  YES  NO      Other – Please specify: \_\_\_\_\_

Record:  YES  NO      Attached:  YES  NO      APPROVED \_\_\_\_\_      DISAPPROVED \_\_\_\_\_

Signature, Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

**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: _____	1. Application completed in full	4. DMV Background Approval
GRANTED FOR: _____	2. Signature and notary	5. Clerk of Hearing Officer initials
PENDING: _____	3. Police approval	6. Signature of Issuing Clerk
SIGNATURE: _____	Date: _____	