



# Application for Chauffeur License

## Transaction Type (Please Select One)

**CHAUFFEUR LICENSE** (complete sections A, B, C, D)

Please check box below if applying for a CDL Passenger (P) or CDL School Bus (S) endorsement:

Type of vehicle you will be driving:

JITNEY  BUS  TAXICAB  PUBLIC LIVERY

CDL: PASSENGER  CDL: SCHOOL BUS

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

LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	
ANY FORMER NAME: PLEASE PRINT (IF WITHIN THE PAST 10 YEARS)				OPERATOR'S LICENSE NUMBER:			
RESIDENCE ADDRESS:			CITY/TOWN:		STATE:		ZIP:
PREVIOUS RESIDENCE ADDRESS:			CITY/TOWN:		STATE:		ZIP:
MAILING ADDRESS: (IF DIFFERENT FROM RESIDENCE)			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. Do you want to register as an organ and tissue donor?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>TO BE COMPLETED BY OUT-OF-STATE TRANSFERS ONLY</b>	
2. Are you a Rhode Island resident?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Are you a U.S. citizen?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. We will use your information to update your voter registration or register you to vote. Party: _____ <input type="checkbox"/> Do not use my information for voter registration. (The place where you register, or your decision not to register is confidential.) If you are under age 16, you will not be registered to vote. If you are at least age 16, you will be pre-registered to vote. (You must be at least age 18 to vote.)				5. If you are transferring a license from another state, please list any endorsements or restrictions: Endorsements: _____ Restrictions: _____	
				6. Have you ever been convicted before any court for any offense (including Federal, State, or Municipal)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ _____ _____	

**ALL APPLICANTS MUST PROVIDE A SOCIAL SECURITY CARD. APPLICANTS FOR A CHAUFFEUR LICENSE MUST BE 21 YEARS OF AGE OR OLDER AND HAVE LEAST ONE (1) YEAR OF DRIVING EXPERIENCE. APPLICANTS FOR A SCHOOL BUS OR PASSENGER ENDORSEMENT MUST BE 21 YEARS OF AGE AND HAVE AT LEAST THREE (3) YEARS OF DRIVING EXPERIENCE.**

**ALL APPLICANTS ARE REQUIRED TO GET AN ORIGINAL CRIMINAL BACKGROUND REPORT (BCI) FROM RHODE ISLAND ATTORNEY GENERAL'S OFFICE, FOR MORE INFORMATION PLEASE VISIT WWW.RIAG.RI.GOV**

**APPLICANTS WHO ARE NOT RHODE ISLAND RESIDENTS, OR HAVE BEEN LICENSED IN A STATE OTHER THAN RHODE ISLAND WITHIN THE PAST FIVE (5) YEARS MUST ALSO OBTAIN:**

1. A CERTIFIED DRIVING RECORD FROM EACH STATE IN WHICH YOU WERE FORMALLY LICENSED.
2. A CRIMINAL BACKGROUND REPORT (BCI) FROM EACH STATE IN WHICH YOU WERE FORMALLY LICENSED.

**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:

**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:
RESIDENCE ADDRESS:	CITY/TOWN:	STATE: ZIP:

**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:
RESIDENCE ADDRESS:	CITY/TOWN:	STATE: ZIP:

**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: \_\_\_\_\_