



STATE OF RHODE ISLAND

RHODE ISLAND TRAFFIC TRIBUNAL

GOOD DRIVING RECORD – CERTIFIED COPY OF DRIVING RECORD

Plaintiff	Summons Number
Defendant	

You have made a representation to the Rhode Island Traffic Tribunal that you have a Good Driving Record. As a result of your representation, Chief Magistrate/Associate Judge/Magistrate _____ has granted your request that your summons be dismissed based upon G.L. 1956 § 31-41.1-7. In addition, Chief Magistrate/Associate Judge/Magistrate _____ has afforded you the opportunity to mail a CERTIFIED copy of your driving record to the Rhode Island Traffic Tribunal in order to confirm that you do in fact have a good driving record. This CERTIFIED copy of your driving record MUST be obtained from your state’s registry of motor vehicles, NOT your insurance company or other online provider.

1. Date of original court appearance: _____.
2. Date that the court was to receive the certified copy of the driving record: _____.

Mail this COMPLETED form, the CERTIFIED copy of your driving record, and a payment of \$63.25 (court costs of \$35.00, \$25.00 for Rhode Island Highway Maintenance Account, and a \$3.25 technology surcharge) to the following address:

Rhode Island Traffic Tribunal 670 New London Avenue Cranston, Rhode Island 02920 (401) 275-2700
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Your driving record will be reviewed by the judicial officer that you appeared before on the date of your original court appearance.

If you have any questions, please contact our information line at the telephone number listed above.

Name of the Plaintiff	

Signature of the Plaintiff	

Address:	

Telephone Number:	Date:
_____	_____