



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Department of Administration  
Division of Capital Asset Management & Maintenance  
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**Lost Card Affidavit**  
**\$25.00 lost card fee**

Date: \_\_\_\_\_

Registration/License # \_\_\_\_\_

I \_\_\_\_\_ hereby state that my  
(Print Name)

Registration/License card has been misplaced and I am requesting a duplicate card.

\_\_\_\_\_  
Signature