



REGISTRY OF MOTOR VEHICLES

# Registration and Title Application

<b>A. Service Type</b>		<b>I want to:</b>		<input type="checkbox"/> <i>Change plate on existing vehicle with no amendments*</i>	
Select the transaction to be performed. Provide the plate number below if applicable.		<input type="checkbox"/> Register and title a vehicle		<input type="checkbox"/> <b>Renew a registration*</b>	
Plate Type		<input type="checkbox"/> Transfer plate to a new vehicle*		<input type="checkbox"/> Amend a registration*	
Plate Number		<input type="checkbox"/> Reinstate a registration*		Select the information to be amended. Enter new information in the section indicated.	
Transactions/Amendments in <b>bold</b> require an insurance stamp.		<input type="checkbox"/> Apply for a salvage title		<input type="checkbox"/> Registration Type (B 3.)	
<i>Italicized</i> transactions may require an insurance stamp.		<input type="checkbox"/> Apply for a title only		<input type="checkbox"/> Address (D, E or F)	
Transactions with * require plate type and number above.		<input type="checkbox"/> Apply for a registration only		<input type="checkbox"/> Color (B 4.)	
		<input type="checkbox"/> Transfer a plate between two vehicles*		<input type="checkbox"/> Lessee (E)	
		<input type="checkbox"/> Register previously titled vehicle		<input type="checkbox"/> Fuel Type (B 8.)	
		<input type="checkbox"/> Title previously registered vehicle*		<input type="checkbox"/> Total Gross Weight (B 12.)	
		<input type="checkbox"/> Transfer vehicle to surviving spouse*		<input type="checkbox"/> Insurance (K)	
				<input type="checkbox"/> Name (D or F)	
				<input type="checkbox"/> Other: _____	
				<input type="checkbox"/> VIN (B 1.) For vehicles with no MA Title	

<b>B. Vehicle Information</b>		<b>B1. Vehicle Identification Number (VIN)</b>				<b>B2. Body Style</b>	
<b>B3. Registration Type:</b>		<input type="checkbox"/> Passenger		<input type="checkbox"/> Commercial		<input type="checkbox"/> Bus	
<input type="checkbox"/> Trailer		<input type="checkbox"/> Taxi		<input type="checkbox"/> Motorcycle		<input type="checkbox"/> Semi-Trailer	
<input type="checkbox"/> Other: _____		<b>B4. Color(s):</b>		<input type="checkbox"/> Black		<input type="checkbox"/> White	
				<input type="checkbox"/> Brown		<input type="checkbox"/> Blue	
				<input type="checkbox"/> Yellow		<input type="checkbox"/> Gray	
				<input type="checkbox"/> Purple		<input type="checkbox"/> Green	
				<input type="checkbox"/> Orange		<input type="checkbox"/> Red	
				<input type="checkbox"/> Silver		<input type="checkbox"/> Gold	
<b>B5. Year</b>		<b>Make</b>		<b>Model</b>		<b>Model#</b>	
						<b>Trim</b>	
<b>B6. Transmission Type:</b>		<input type="checkbox"/> Automatic		<input type="checkbox"/> Manual		<b>B7. Number of: Cylinders / Passengers / Doors</b>	
<input type="checkbox"/> Other: _____				/ /		<b>B8. Fuel Type:</b>	
				<input type="checkbox"/> Gas		<input type="checkbox"/> Electric	
				<input type="checkbox"/> Diesel		<input type="checkbox"/> Propane	
				<input type="checkbox"/> Hybrid		<input type="checkbox"/> Other: _____	
						<b>B9. Odometer (Miles)</b>	
<b>B10. Bus:</b>		<input type="checkbox"/> Regular		<input type="checkbox"/> DPU		<input type="checkbox"/> School Bus	
<input type="checkbox"/> School Pupil/Taxi		<input type="checkbox"/> School Pupil		<input type="checkbox"/> School Pupil/Livery		<b>B11. If carrying passengers for hire, enter max seating capacity _____</b>	
						<b>B12. Total Gross Weight (Laden) Cannot exceed GVWR _____</b>	

<b>C. Title Information</b>		<b>C1. Vehicle Condition</b>		<input type="checkbox"/> New		<input type="checkbox"/> Used		<b>C2. Previous Title Issue Date (MM/DD/YYYY)</b>	
<b>C3. Previous Title Number</b>		Previous Title State		Previous Title Country					
<b>C4. Title Type:</b>		<input type="checkbox"/> Clear		<input type="checkbox"/> Salvage		<input type="checkbox"/> Reconstructed		<b>C5. Primary Salvage Title Brand:</b>	
<input type="checkbox"/> Theft		<input type="checkbox"/> Prior Owner Retained		<input type="checkbox"/> Owner Retained		<input type="checkbox"/> Repairable		<input type="checkbox"/> Parts Only	
						<b>C6. Secondary Salvage Brand(s):</b>		<input type="checkbox"/> Vandalism	
						<input type="checkbox"/> Theft		<input type="checkbox"/> Flood	
						<input type="checkbox"/> Fire		<input type="checkbox"/> Salt	
						<input type="checkbox"/> Collision		<input type="checkbox"/> Other	

<b>D. Owner 1 Information</b>		<b>D1. Select Owner(s) Identification Requirement being provided for registration purposes</b>							
		<input type="checkbox"/> MA License/ID							
		<input type="checkbox"/> Out-of-State License							
		<input type="checkbox"/> Out-of-Country License							
		<input type="checkbox"/> Social Security Number							
		<input type="checkbox"/> Lawful Presence							
<b>D2. 1st Owner's Name (Last, First, Middle)</b>			<b>D3. Date of Birth (MM/DD/YYYY)</b>			<b>D4. License#/ ID#/ SSN</b>			
<b>D5. Residential Address</b>		Apt.#	City	State	Zip Code	<b>D6. State/Country of License/ID</b>			
<b>D7. Mailing Address</b>		<input type="checkbox"/> Same as Residential	Apt.#	City	State	Zip Code	<b>D8. Exp. Date of License/ ID/ Lawful Presence</b>		
<b>D9. Email</b>		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<b>Phone#</b>				

<b>Owner 2 Information</b>		<b>D10. Select Owner(s) Identification Requirement being provided for registration purposes</b>							
		<input type="checkbox"/> MA License/ID							
		<input type="checkbox"/> Out-of-State License							
		<input type="checkbox"/> Out-of-Country License							
		<input type="checkbox"/> Social Security Number							
		<input type="checkbox"/> Lawful Presence							
<b>D11. 2nd Owner's Name (Last, First, Middle)</b>			<b>D12. Date of Birth (MM/DD/YYYY)</b>			<b>D13. License#/ ID#/ SSN</b>			
<b>D14. Residential Address</b>		Apt.#	City	State	Zip Code	<b>D15. State/Country of License/ID</b>			
<b>D16. Mailing Address</b>		<input type="checkbox"/> Same as Residential	Apt.#	City	State	Zip Code	<b>D17. Exp. Date of License/ ID/ Lawful Presence</b>		
<b>D18. Email</b>		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<b>Phone#</b>				

<b>E. Lessee Information / In Custody of</b>					
<b>E1. 1st License #/ ID #/ SSN/ FID</b>		<b>E2. 1st Lessee or Corp/Co/Organizations Name</b>		<b>E3. 1st Lessee Address</b>	
<b>E4. 2nd License #/ ID #/ SSN/ FID</b>		<b>E5. 2nd Lessee or Corp/Co/Organizations Name</b>		<b>E6. 2nd Lessee Address</b>	

<b>F. Business Owner Information</b>		F1. Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone#	
F2. EIN/FID	F3. Corp/Co/Organization/Lessor Name		F4. USDOT#
F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only			F5. TIN#
F8. Physical Address			F7. SSN if Sole Proprietor
		Apt.#	City State Zip Code
F9. Mailing Address	<input type="checkbox"/> Same as Physical Address	Apt.#	City State Zip Code

<b>G. Garaging Address</b> Address where vehicle is principally garaged.			
G1. Address	Apt.#	City	State Zip Code

<b>H. Lienholder Information</b> The bank, financial institution, or private party that financed your vehicle loan.		
1st Lien Code	Name	Address
2nd Lien Code	Name	Address
3rd Lien Code	Name	Address

<b>I. Sales or Use Tax Schedule</b>	Numbers 11 or 12 must be completed by a licensed dealer. Number 13 must be completed for all casual/private sales. Number 14 is completed for sales tax exemptions by the RMV.
<b>I1. Sale by Licensed Motor Dealer</b> EIN/FID#: _____ Authorized Dealer's Signature: _____ MSRP: _____ Total Sales Price: _____ Less Manufacturers Excise: _____ Trade-In 1 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Trade-In 2 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Taxable Sales Price: _____ MA Sales Tax Paid: _____	<b>I2. Sale By Auction</b> Sale Price including Buyer's Premium: _____ <b>I3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale)</b> Gross Sale Price (Proof Required): _____ MA Sales/Use Tax: _____ Out of State Sales Tax Previously Paid: _____ State that Sales Tax was Paid to: _____ <b>I4. Claim Exemption Code</b> _____ Form Attached (If Required)

<b>J. Purchase Information</b>	J1. Purchase Date: _____	J2. Is this vehicle being converted from another state with the same owner? If Yes, answer questions J3-J5 below <input type="checkbox"/> Yes <input type="checkbox"/> No
J3. MA Resident at Time of Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	J4. Was Mass Sales Tax Previously Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	J5. Proof of Tax or Letter of Delivery provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>K. Insurance Information</b>		The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant herein before named with respect to the motor vehicle herein before described for a period at least coterminous with that of such registration under a motor vehicle liability policy, binder or bond which conforms to the provisions of general laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 113H and Chapter 175E.
K1. Insurance Company		
K2. Insurance Code	K3. Effective Date of Insurance	
K4. Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	K5. Policy Change Date	
L. Seller Information		

L1. Seller Name (Please Print)		Insurance Company's Authorized Representative's Signature	
L2. Address	Apt.#	City	State Zip Code

<b>M. Certification and Signature of Applicant(s)</b>	Application not complete without all required signatures.
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I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Section are true and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commission of perjury under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: Owner/Lessee 2 \_\_\_\_\_ Date: \_\_\_\_\_