



Commonwealth of Massachusetts

REGISTRY OF MOTOR VEHICLES

APPLICATION FOR REPLACEMENT SECTION FIVE PLATE

Date: _____ Lost Stolen If stolen, police report provided Yes No *(a copy must accompany this form)*

Registration Type

Dealer: Normal Vanity Boat Motorcycle Repair: Normal Vanity Farm Owner/Contractor Transporter

Plate Number and Letter:

Corporation/Business Name (as it appears on Registration)

Business Address

Business Contact Person

Business Contact Phone Number ()

Insurance Provider

I affirm that all statements herein are true to the best of my knowledge and belief.

Authorizing Signature

Name (if different than Contact Person)

FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH

FEE: \$10.00

For RMV Use Only

Clerk Initials: _____

Registrar's Stamp: _____

Batch #: _____