



RACHEL KAPRIELIAN  
REGISTRAR

P.O. Box 55892  
BOSTON, MA 02205  
www.mass.gov/rmv

## Inspection Station Complaint Form

Note: Please fill out the following required information *completely*.

Name: \_\_\_\_\_ Registration (plate number): \_\_\_\_\_

Address: \_\_\_\_\_ Plate Type (PAN, CON, etc): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*You will be contacted by a Registry of Motor Vehicles field investigator between the hours of 8:00 AM and 4:00 PM Monday through Friday. Please list a phone number where you can be reached during these hours.*

Daytime Phone Number: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

VIN Number: \_\_\_\_\_ Current Mileage on Vehicle: \_\_\_\_\_

Inspection Station Name: \_\_\_\_\_ Station Number: PB/FL# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inspector Number: \_\_\_\_\_

My complaint is:  Emissions related  Safety related  Both emissions & safety

I wish to:  Challenge The Inspector's Decision\*\*  File This Complaint  Request an Investigation

(\*\*Note: If the RMV determines the inspector was correct in failing your vehicle, it will cost you \$29)

**NOTE: Please attach a copy of your Vehicle Inspection Report to this form.**

Is your vehicle available for inspection during normal business hours? YES  NO

Location: \_\_\_\_\_

Description of problem (use additional sheets if necessary): \_\_\_\_\_

---



---



---



---

Signature: \_\_\_\_\_ Date of Complaint: \_\_\_\_ / \_\_\_\_ / \_\_\_\_