



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF TRANSPORTATION
REGISTRY OF MOTOR VEHICLES**



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 (passenger, 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: _____

Address: _____

City: _____ State: _____ Zip _____

Test ID Number: _____ Date of Inspection: ____ / ____ / ____

Inspector Name: _____ 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 ____ / ____ / ____