



Massachusetts Registry of Motor Vehicles
 P.O Box 55889
 Boston, MA 02205-5889

RMV-3 Form

| | | | | | | | |
|--|--|---|--|--|--|---|----------------|
| 1. <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Other: _____ | | 2. Current Registration # _____ | | 3. Title # _____ | | 4. Vehicle Identification Number (VIN) _____ | |
| 5. Model Year _____ | | 6. Make _____ | | 7. Model Name _____ | | 8. Model # _____ | |
| 9. Circle Color(s) of Vehicle 0. ORANGE 3. BROWN 6. GREEN 9. PURPLE 1. BLACK 4. RED 7. WHITE 2. BLUE 5. YELLOW 8. GREY | | | | | | | |
| 10. Cyl/Pass/Doors/Wheels _____ | | 11. Trans Auto <input type="checkbox"/> Manual <input type="checkbox"/> | | 12. City/Town Vehicle is Principally Garaged _____ | | 13. Expiration Date Month / Year _____ | |
| 14. Name of Owner(s)/Company Owner #1: _____ Owner #2: _____ | | | | | | | |
| 15. Owner #1 License # _____ | | Date of Birth _____ | | FID # (If Corp/Co) _____ | | | |
| Owner #2 License # _____ | | Date of Birth _____ | | FID # (If Corp/Co) _____ | | | |
| 16. Mail Address _____ | | | | City _____ | | State _____ | Zip Code _____ |
| 17. Residential Address (if different) _____ | | | | City _____ | | State _____ | Zip Code _____ |
| 18. I Have Changed: <input type="checkbox"/> My Name <input type="checkbox"/> Motor Power <input type="checkbox"/> Reg From _____ <input type="checkbox"/> My Address <input type="checkbox"/> Gross Weight <input type="checkbox"/> VIN <input type="checkbox"/> Garaging <input type="checkbox"/> Color <input type="checkbox"/> Other <input type="checkbox"/> Use <input type="checkbox"/> Lessee (See Below) To _____ | | | | | | | |
| 19. If Leased Vehicle, Enter Lessee Information Below Name(s) / Company _____ | | | | 26. If Change of Insurance Company, Enter Name and Code # of Previous Carrier Here _____ | | | |
| 20. License # _____ | | Date of Birth _____ | | 27. Policy Effective Date _____ | | 28. Policy Type Personal <input type="checkbox"/> Commercial <input type="checkbox"/> | |
| 21. FID# _____ | | | | 29. 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 hereinbefore described for a period of 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 of the effective date of registration are as established by the commissioner of insurance under chapter 175, section 113B. | | | |
| 22. Address City _____ State _____ Zip _____ | | | | Insurance Company _____ | | | |
| 23. If Vehicle Used For Transporting Goods, Wares, or Merchandise WT. of Vehicle Fully Equipped _____ Max. Load or Heaviest Semi-Trailer With Load _____ Total Gross Weight _____ | | | | Agent _____ | | | |
| 24. If School Bus, is it Used Exclusively Under Contract to City / Town / School District? Yes _____ No _____ | | | | Insurance CO.'s Authorized Representative's Signature/Date _____ | | | |
| 25. If Vehicle Carrying Passengers For Hire, Max. Number of Passengers that can be Seated _____ | | | | 30. I /We the applicant(s) 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 undersigned hereby further certify that all information contained in this application is true and correct to the best of their knowledge and belief. False statements are punishable by fine, imprisonment, or both. | | | |
| | | | | Owner #1 Signature _____ | | | |
| | | | | Owner #2 Signature _____ | | | |

| | | | | | | | |
|-------------------------------|--------------------------------|---------------------------------|-------------------|---------------------|-----------------|------------------------|--|
| RMV Use Only: | | New Plate Type: | | New Plate #: | | Effective Date: | |
| Payment Method: | | | | | | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> EFT/CC | Total Fee: | Clerk ID: | Batch #: | | |

Use the RMV-3 Form for the following

- **Change of Insurance Company**
- **Insurance re-instatement**
- **Swap** to a different plate number or plate type
- **Amendment** if information on current registration needs to be amended
- **Renewal** of a current registration (same name/same vehicle) if:
 - A) The registrant did not receive a printed renewal by mail
 - B) The registrant received a renewal form which contained incorrect information

Do Not use the RMV-3 Form if there are any changes in ownership or you are requesting a summer/winter swap. In these cases, an original application for title (RMV-1 form) must be completed.

Instructions for completing the RMV-3 Form

Change of Insurance Company

1. Complete this form with all required information, including box 26.
2. Check "Other" in box one, and write "Ins. Change."
3. Make sure your new insurance agent stamps and signs boxes 27, 28, and 29.
4. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
5. A \$25.00 fee is required.

Insurance Re-Instatement

1. Complete this form with all required information.
2. Check "Other" in box one, and write "Ins. Re-inst."
3. Have your insurance agent stamp and sign boxes 27, 28, and 29.
4. After verifying the information, all owner(s) listed in box 14 must sign box 30.
5. A \$50.00 reinstatement fee is required.

Swap to a Different Plate Number or Plate Type

1. Complete this form with all required information.
2. Check "Other" in box one, and write "Swap."
3. Have your insurance agent stamp and sign boxes 27, 28, and 29.
4. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
5. Fees will vary depending on the plate type and transaction.

Registration Amendments

1. Complete this form, including the changes you are requesting in box 18.
2. Have your insurance agent stamp and sign boxes 27, 28, and 29.
3. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
4. A \$25.00 fee is required.

Registration Renewal

1. Complete this form with all required information.
2. Have your insurance agent stamp and sign boxes 27, 28, and 29.
3. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
4. The renewal fee is dependent on the plate type. Check fee at www.mass.gov/rmv/fees/index.htm

Submitting the RMV-3 Form

This form can be processed at any full service RMV branch office.

If you wish to process this transaction by mail, send the RMV-3 form, along with the appropriate fee (check or money order payable to MassDOT) to:

Mail-In Registrations
Registry of Motor Vehicles
PO Box 55891
Boston, MA 02205-5891

Note: A Swap Plate Transaction cannot be processed by mail. For all other transactions processed by mail, please allow at least 10 business days for processing time.