



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



RACHEL KAPRIELIAN
REGISTRAR

Section 5 Division
P.O. Box 55897
Boston, MA 02205
(617) 351-9272 (Phone)
(617) 351-9399 (Fax)

NAME / ADDRESS CHANGE REQUEST FORM

Registration Type: _____ Registration Number: _____

Business Name: _____

Current Address: _____

Business Phone Number: _____

Briefly describe the changes you would like to make to your Section 5 Registration:

For sole proprietors using a business name, you must provide the following:

1. Provide proof of FID # from the IRS
2. Amended Certificate of Business from city / town
3. Amended Dealers License from city / town (if applicable)

For corporations, you must provide the following:

1. Article of Amendment from the Secretary of State
2. Proof of FID number from the IRS
3. Dealer license from the city or town (if applicable)

Note: If you are making a name change and are the holder of a Repair, Farm, or Owner Contractor plate, you must re-title all vehicles associated with the above plate number. To do this, you must complete an RMV-1 form (for each vehicle) and submit it with the proper title fee.

I, the undersigned, hereby certify that all information contained in the application is true and correct to the best of my knowledge and belief.

False statements are punishable by fine, imprisonment or both.

Signature: _____ Date: _____

Signature: _____ Date: _____