



Affidavit for Cancellation of Registration

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

Instructions

Use this form to cancel a registration when there are two owners of a vehicle listed on the title/registration OR to cancel a registration on behalf of the owner(s). Otherwise, you can cancel your registration online at Mass.Gov/RMV. If you are a vehicle owner, complete sections A, B, and C below. If you are not a vehicle owner, complete sections A, B, and D below. Mail the completed form to the address above or bring it to a full-service RMV location and, once the registration is canceled, please recycle or destroy the plates.

A. Owner Information							
Owner/Lessee #1							
Owner/Lessee #2 (if applicable)							
Address	Street	City		State		Zip Code	
MA License/ID #(s) or MA FID #		Phone Number		Email Address			
B. Vehicle Information							
Registration #					Expiration Date		
Year	Make		Model				
C. Owner Signature(s)							
FALSE STATEMENTS Print Name Owner/Les	ents herein are true to the best ARE PUNISHABLE BY FINE,	Signature Owner/Lessee #1			Date		
Print Name Owner/Lessee #2		Signature Owner/Lessee #2		Date			
D. Non-Owner Information of Person Canceling Registration on Behalf of Owner				Acceptable time of cano	Acceptable identification must be presented at time of cancellation.		
Name					License #		
Address	Street	City		Sta	te	Zip Code	
Relationship to Registrant							
Reason for Cancellation	on						
I affirm that all statements herein are true to the best of my knowledge and belief. FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.							
Signature			_		Date		