REGISTRY OF MOTOR VEHICLES

Application for Additional Dealer Plates

Registry of Motor Vehicles · Section Five Division
P.O. Box 55897 · Boston, MA 02205-5897· PHONE: 857-368-8030 · FAX: 1-617-507-7974

Instructions

Use this form to apply for additional Dealer plates. This form can be mailed or faxed to the address listed above.

A. Business Information

Corporation / Business Name

Address | Street | City | State | Zip Code

Business Phone Number

Business E-mail Address

B. Plate Information

Dealer Type

Registration Number

Number of Plates Requested

Reason for Request

Current Number of Employees

Total Number of Vehicles Sold in the Last 12 Months

Name of Employees with Driver License Number (if additional space is needed, please attached a separate sheet)

C. Signature

I affirm that all statements are true to the best of my knowledge and belief.
False statements are punishable by fine, imprisonment, or both. (General Laws Ch. 90, Sec. 24)

Signature of Owner _____ Date _____

Print Name _____ Title _____