REGISTRY OF MOTOR VEHICLES

Application for Additional Repair, Farm, Transporter, and Owner Contractor 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 Repair, Farm, Transporter, or Owner Contractor 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

Registration Type (check one) ☐ FAN ☐ OCN ☐ RPN ☐ TPN

Registration Number

Number of Plates Requested

Reason for Request

Current Number of Employees

Total Number of Section 5 Plates

Total Number of Vehicles with Compliance Decals

C. Signature

I affirm that all statements are true to the best of my knowledge and belief.

Signature of Owner _____ Date _____

Print Name _____ Title _____