



Massachusetts Registry of Motor Vehicles Application for Dealer Reassignment

Registry of Motor Vehicles · Section 5 Division
P.O. Box 55897 · Boston, MA 02205-5897 · PHONE: 857-368-8030 · FAX: 857-368-0823

Instructions

The **Dealer Reassignment of Title** portion of the Massachusetts Registry of Motor Vehicles' (RMV) DRT-1 Form is a supplemental transfer document. It should be properly completed by a licensed Massachusetts dealer **only when all other dealer re-assignment spaces on the Certificate of Title form are complete**. This includes out-of-state titles that are transferred by a Massachusetts dealer.

You are applying for controlled forms that are tracked by the RMV and are to be used by your dealership only. They may **NOT** be shared with, or loaned to anyone. **The Control Number must be entered into your Used Vehicle Record Book.**

Improper use or improper completion of the DRT-1 Form, or failing to use it when required, may result in suspension or revocation of your general registration and "Dealer" plates. The RMV will notify the city/town of improper use and recommend license revocation.

What is required to obtain these forms?

This application form must be completed, signed and submitted along with a copy of the dealer license issued by the city or town. A copy of the dealer license is only required with the first order in each calendar year.

Dealer Information

Dealer Name			Date:	
Address		City	State	Zip Code
Business Phone Number:		Fax Number:		Business Email Address:

Signature

Please check one:

Yes, I have a Dealer Plate Number: _____
 - Before April 1, include a copy of license from city/town
 - After April 1, copy of license not needed

No, I do not have Dealer Plates
 - First time order each year, include copy of license from city/town
 - Reorder same year, copy of license not needed
 - Current year city/town license number: _____

Requested by: _____

Signature _____

Printed Name _____

My signature acknowledges that I have read and understand the rules regarding use of the DRT-1 form.

This area for Registry use only

<input type="checkbox"/> Mailed	Number of Pads: _____	Date: _____
<input type="checkbox"/> Starting Number:	_____	Ending Number: _____
<input type="checkbox"/> Picked up by:	_____	Print Name: _____
<input type="checkbox"/> D/L Number:	_____	
<input type="checkbox"/> Entered Date:	_____	Mailed Date: _____

When to Use DRT-1

Side #1

Is the **Dealer Reassignment of Title**. This form is a supplemental transfer document to be completed by a Massachusetts licensed dealer **only when all other dealer reassignments on the Certificate of Title are complete**. This includes out of state titles.

After all the pertinent vehicle information and odometer disclosures are made, both buyer(s) and seller(s) are required by federal law to sign their names, followed by *hand printing* their names and dating the transfer.

Side #2

Contains the combination **Assignment and Authorization for Payoff/Assignment for Duplicate Certificate of Title**.

Assignment and Authorization for Payoff

This section will be used when a dealer pays off an existing car loan for a vehicle used as a trade-in. It is a substitute for the First Assignment on the reverse side of the Certificate of Title. Complete parts A, B, and C.

Assignment for Duplicate Certificate of Title

This form takes the place of the first assignment on the reverse side of the Duplicate title, only when the original owner is not available to properly assign the title to the dealer. Complete parts A, C, and a Duplicate Title Form.

The First Assignment on the reverse side of the title should be left blank when using side #2 of this form.

For All Car Dealers:

Dealer Repair-DRT

Registry of Motor Vehicles

25 Newport Avenue Extension

Quincy, MA 02171

857-368-8030 - phone

857-368-0823 - fax

For Used Car Dealers Only:

Mass Independent

Auto Dealers Association

One Upland Road

Building 200, Suite 226

Norwood, MA 02062

781-278-0077 - phone

781-278-0099 - fax

www.miada.com

For New Car Dealers Only:

Massachusetts State

Auto Dealers Association

One McKinley Square, Sixth Floor

Boston, MA 02109

617-451-1051 - phone

617-451-9309 - fax