



# Application For Dealer Registration

Registry of Motor Vehicles · Section 5 Division  
P.O. Box 55897 · Boston, MA 02205-5897 · PHONE: 857-368-8030 · FAX: 1-617-507-7974

## Requirements and Instructions

A “Dealer” is defined as any person who is engaged principally and substantially in the business of buying, selling, or exchanging motor vehicles, trailers, or motor vehicle bodies and maintains a facility dedicated to carrying out said business, and except for a person who exchanges such vehicles on a wholesale basis, is open to the public.

The following documents are required to obtain Dealer plates:

1. **A Current Dealer License from the city or town in which you are doing business. (M.G.L. c. 140, § 59)**
2. **A Current Business Certificate from the city or town in which you are doing business.**
3. **Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).**
4. **Federal Identification Number/Employer Identification Number (FID/EIN) from the Department of the Treasury, Internal Revenue Service. If you do not have an FID/EIN, you can obtain one from the Internal Revenue Service at 1-800-829-4933. If you currently have an FID/EIN, please enclose a copy of one of the following most common forms of proof of an FID/EIN:**
  - Any pre-printed IRS correspondence that includes corporation name, address, and FID/EIN number
  - Federal Tax Deposit Coupon Form 8109
  - Form 147C
  - Notice of New Employer Identification Number Assigned Form 5372
  - CP575 Notice (issued by the IRS). This is a letter sent to a customer to confirm issuance of an FID number.
  - Certificate of Exemption Form ST-2 (issued by DOR)

If your business is unincorporated (e.g. a sole proprietor or general partnership), then the pre-printed IRS correspondence must list the owner information in this sequence: the individual’s name, business name, and address.
5. **For the used vehicle record book choose between the bound book, Electronic Used Car Record book, or the Genesys Systems Inc.**
6. **Franchise agreement letter from the manufacturer, if you are a Class 1 Dealer.**
7. **A list of all authorized users who will have access to the Section 5 plates and a photocopy of a valid driver’s license for each authorized user.**
8. **A photocopy of a legal lease or rental agreement for the property.**
9. **Photos of exterior business signs, as well as the posted business hours and the building’s interior office.**
10. **A floor plan: a diagram of the property you will use to conduct business, which will give a layout of the building and display area.**
11. **Copies of pages from your most recent UVRB and copies of the front and back of titles.**

Please complete the enclosed application and return it to the address at the top of the application. The business name or corporation name must be the exactly the same as all of the above documents. Your request will be referred for investigation and you will be notified of the result.



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## A. Dealer Type

Dealer Type (check all boxes that apply)

Motor Vehicle    Trailer    Motorcycle    Boat & Boat Trailer    Recreational Vehicle and Recreational Trailer    Manufacturer

## B. Primary Owner Information

Owner Type    Individual    Corp./Co

Number of plates requested

MA License or ID number

FID Number

Name   Last

First

MI

DOB

Corp./Co. Name

Residential/ Home Address

Street

City

State

Zip Code

## Secondary Owner Information

MA License or ID number

Name   Last

First

MI

DOB

Residential/ Home Address

Street

City

State

Zip Code

## C. Business Information

Name of Business (If the Corp./Co. name is the same as in Section B, write "same". If not, fill in the business name and attach a copy of the Business Certificate issued by your municipality. If you are an individual using a business name other than your own, you must supply a business certificate and an FID/EIN.)

Address

Street

City

State

Zip Code

Mailing Address

Street

City

State

Zip Code

Hours of Operation

Business Phone Number

Cell Phone Number

Business E-Mail

Business Type (select one)

Wholesale

Retail

Salvage/Retail

Manufacturer

Dealer Class (select one)

1

2

3

## D. Dealer Information

Dealer License Number

Class

Expiration Date

As an owner, do you currently have or have you ever had a Section 5 General Registration plate? (e.g., Dealer, Repairer, Owner Contractor, Transporter, or Farmer.) If yes, complete the next four fields.

Yes

No

Plate Type

Plate Number

Plate Status

Active

Expired

Canceled

Has the plate been suspended or revoked?

Yes

No

If the business is a corporation please list officers:

President

Treasurer

Clerk

Do you have a Used Vehicle Record Book or a software program to generate Used Vehicle Records in a format approved by the Registrar?

Yes  No

What kind?

Electronic Used Car Record book

Bound Book

Genesys Systems Inc.

What other vehicle businesses are you engaged?

Total Number of Employees

Number of Sales Staff

**E. Signature(s)**

The undersigned hereby certify that all information contained in this application is true and correct to the best of my (our) knowledge and belief. (False statements are punishable by fine, imprisonment, or both.)

I hereby acknowledge that any Section 5 General Registration Plate issued by the Registrar remains the property of the RMV, that it is not transferable, and that it may not be sold, rented, leased, loaned, re-assigned or transferred in any other manner by me or any agent on my behalf. I further understand, acknowledge and agree that if any registration plate issued as a result of this application is found in the possession of a person or on a vehicle not authorized by law, regulation or RMV policy to possess or display such plate, it may be seized at the discretion of the Registrar or his agent or a law enforcement officer and that I may be summoned by the Registrar for enforcement action and possible loss of the General Registration and all General Registration plates.

Signature of Primary Owner \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Secondary Owner \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(If a corporation, include the title of the officer or duly authorized agent. If a partnership, both partners must sign.)  
You must be available for a site visit by the State Police.