Registry of Motor Vehicles
P.O. Box 55895 • Boston, MA • 02205-5895

Attn: Special Plates

## A. Requirements and Instructions

## Requirements

Medical Doctor Plates can only be registered by Massachusetts residents who are actively registered by the Board of Registration in Medicine. The Registration fee is $\$ 60$ and the Special Plate fee is $\$ 40$.

## Instructions

1. Complete the Applicant Information section.
2. Bring this form to the Board of Registration in Medicine and have it completed by a designated representative.

The Board's address is:
Commonwealth of Massachusetts
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
3. Visit an RMV Service Center or mail this completed application, a completed Registration and Title Application (RTA) including insurance company stamp, and the applicable fee, to the address above. The plates will be mailed to you within 7-10 days.
B. Applicant Information and Signature

| Last Name | First Name | Middle Initial | Suffix |
| :---: | :---: | :---: | :---: |
| Address |  |  |  |
| Street |  | State $\quad \begin{gathered}\text { Zip } \\ \text { Code }\end{gathered}$ |  |
| Email Address | Phone \# |  |  |
| Current Plate \# | Driver's License \# |  |  |

I swear (affirm), under the penalties of perjury, that the information I have provided is true and correct. I am aware that false statements are punishable by fine, imprisonment, or both.

Signature: $\qquad$ Date: $\qquad$

## C. Board of Registration Certification

I hereby certify that $\qquad$ is licensed by the Commonwealth of Massachusetts as a:
(Name of Physician)Doctor of Medicine (License \#: $\qquad$ )Doctor of Osteopathy (License \#: $\qquad$ )

Signature of Board Official: $\qquad$

Print Name: $\qquad$

Official Capacity: $\qquad$

Phone \#: $\qquad$ Email Address: $\qquad$

