

Application for Medical Doctor (MD) Plates

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 Sign Last Name	First Name	Middle Initial	Suffix
Last Name	First Name	ivildale miliai	Sullix
Address		7:-	l
Street	City	Zip State Code	
Email Address	Phone #		
Current Plate #	Driver's License #		
I swear (affirm), under the penalties of perjury, tha statements are punishable by fine, imprisonment,	•	true and correct. I am aware tha	t false
Signature:	Date:		
C. Board of Registration Certificat	ion		
I hereby certify that(Name of Ph		sed by the Commonwealth of Ma	assachusetts as a:
☐ Doctor of Medicine (License #:)		
☐ Doctor of Osteopathy (License #:			
Signature of Board Official:			-
Print Name:			
Official Capacity:			
Phone #: Email A	ddress:		