



# Application For Repair 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 “Repairer” is defined as any person who is principally and substantially engaged in the business of repairing, altering, reconditioning, equipping, or towing motor vehicles or trailers for the public and who maintains an established place of business as defined in M.G. L. c.90, s.1, with the facilities for the repairing of such motor vehicles or trailers.

The repairer must maintain business records on the licensed premises which shall contain the date(s), description of the motor vehicle, including the vehicle identification number, owner and nature of the work.

The following documents are required to obtain Repair plates:

1. **A Business certificate from the city or town in which you are doing business.**
2. **Corporation papers from the Secretary of State, Department of Corporations and Taxation (if applicable).**
3. **DPU Certificate of Compliance (if towing for the Police Department).**
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. **Repair shop number issued by Director, Division of Standards, Office of Consumer Affairs (all repair shops that do auto body work, or glass replacements, must apply for a repair shop number, M.G.L. c. 100A.)**
6. **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.**
7. **A photocopy of a legal lease or rental agreement for the property.**
8. **Photocopies of the titles of all tow and repair vehicles that will be used with the repair registration. You also need to provide photos of such vehicles.**
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 lay out of building and display area.**

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 a site visit and you will be notified of the result.

**NOTE:** Compliance Decals: Except for a ‘Dealer,’ a general registration holder must have a ‘Compliance Decal’ affixed to each motor vehicle or trailer he or she owns (or leases) that is operated with the assigned General Registration Number Plate. The presence of the Compliance Decal indicates the sales tax (M.G.L. c. 64H) has been paid and that title (M.G.L. c.90D) has been obtained. You will be asked to provide tax and title documentation for each vehicle before any plates can be assigned.



# Application For Repair 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

## A. Repair Type

Business Type (check all boxes that apply)

☐

General Auto

☐

Auto Body/Glass

☐

Tow

## 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 certificate of business 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

## D. Repair Information

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 following 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

Repairing motor vehicles or trailers for the public?

☐

Yes

☐

No

Towing motor vehicles or trailers for the public?

☐

Yes

☐

No

Towing for the Police Department? (If yes, please include a copy of the DTE permit.)

☐ Yes

☐ No

State the complete address of any building or town yards used in conjunction with your business that are not located at your business address.

Address 1	Street	City	State	Zip Code
-----------	--------	------	-------	----------

Address 2	Street	City	State	Zip Code
-----------	--------	------	-------	----------

Describe the type of construction (wood, brick, cinder block, etc.) and the size of the building used in conjunction with your business

Do you have any signs posted that indicate that you are in the business of repairing, altering equipment, or towing motor vehicles or trailers for the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What are your posted hours of business?
--	--	---

Do you have a repair shop number issued by the Director, Division of Standards, Office of Consumer Affairs? (If yes, please include a copy of the document.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Are you aware of the provisions of M.G.L. c. 90D, s. 4 that states that all vehicles owned by you or your business must be titled? (If you are an individual with a DBA, the title(s) must be in your name. If the business is a corporation, the title must be in the corporation name.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

### 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.