# Application for Replacement Section 5 Plate

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

REGISTRY OF MOTOR VEHICLES

Date:_____ ☐ Damaged ☐ Lost ☐ Stolen

If stolen, police report provided (a copy must accompany this form) ☐ Yes ☐ No

## Instructions

Mail the completed application to the address at the top of the form.

Fee is $10.00.

## Registration Type

**Dealer:** ☐ Normal ☐ Vanity ☐ Boat ☐ Motorcycle **Repair:** ☐ Normal ☐ Vanity ☐ **Farm** ☐ **Owner/Contractor** ☐ **Transporter**

Plate Number and Letter

## Business Information

| Corporation/Business Name (as it appears on Registration) | Business Phone Number |
|---|---|
| | |

Address Street City State Zip Code

| Business Contact Person | Business Contact Phone Number | Business Contact Email Address |
|---|---|---|
| | | |

Insurance Provider

## Signature

I affirm that all statements herein are true to the best of my knowledge and belief. False statements are punishable by fine, imprisonment or both.

Authorizing Signature

Name (if different than Contact Person)