



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: 857-368-0823

Date: _____ Damaged Lost Stolen Yes
If stolen, police report provided (a copy must accompany this form) No

Instructions

Mail the completed application to the address at the top of the form or bring to any full service RMV location. Visit Mass.Gov/ID for a list of RMV Service Centers.

Fee is \$10.00.

Registration Type

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

Plate Number and Letter _____ RMV Service Center for Pickup _____

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)