



# 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

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 ☐ Boat ☐ Vanity ☐ 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)