REGISTRY OF MOTOR VEHICLES

Application For Transporter 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 "Transporter" is defined as any person engaged principally and substantially in the business of transporting or

delivering motor vehicles under their own power not owned by him/her, who possesses a valid license for said business issued by the Department of Telecommunications and Energy (DTE), or any person or agent thereof, licensed to engage in the business of financing the purchase of or insuring motor vehicles who is required to take into possession such motor vehicles by foreclosure or subrogation of title.

The following documents are required to obtain Transporter 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. **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.
4. **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.**
5. **A photocopy of a legal lease or rental agreement for the property.**
6. **Photos of exterior business signs, as well as the posted business hours and the building's interior office.**
7. **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 investigation and you will be notified of the result.

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A. 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

B. Business Information

Name of Business (If the Corp./Co. name is the same as in Section A, 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

C.Transporter 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 next 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

Please describe the type of business you perform:

D. 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 _____ Date _____

Title

Signature of Secondary Owner _____ Date _____

Title

(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.