

BATS DATA CORRECTION FORM

Email To: DCULegal@dot.state.ma.us
OR Fax To: 857.368.0019

TO: DRIVER CONTROL UNIT
REGISTRY OF MOTOR VEHICLES

FROM: _____
(Officer)

(Department or Agency)

RE: Sequential Test Number: _____
(Found on BATS Completion Record)

Defendant: _____
(Found on BATS Completion Record)

Correction(s) needed:

Signed under the pains and penalties of perjury this _____ day of
_____, 20__

(Officer's Signature)