



Charles D. Baker, Governor  
 Karyn E. Polito, Lieutenant Governor  
 Stephanie Pollack, Secretary & CEO  
 Jamey Tesler, Acting Registrar



**CONFIDENTIAL REGISTRATION APPLICATION**

<input type="checkbox"/> NEW TITLE & REG <input type="checkbox"/> RENEWAL <input type="checkbox"/> PLATE SWAP
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NAME OF REQUESTOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPARTMENT/AGENCY: \_\_\_\_\_

**VEHICLE INFORMATION:**

VIN #: \_\_\_\_\_  
 YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

PLATE REGISTRATION NUMBER: (If renewal or swap) \_\_\_\_\_

THIS VEHICLE IS (Check One):

<input type="checkbox"/> <b>GOVERNMENT OWNED (GOV)</b>
BUSINESS ADDRESS: (Street, State, Zip) _____ _____
BUS TEL: (____) _____ - _____

<input type="checkbox"/> <b>PERSONALLY OWNED (POV)</b>
HOME ADDRESS: (Street, State, Zip) _____ _____
TEL: (____) _____ - _____
CELL: (____) _____ - _____
EMAIL: _____@_____

**PLEASE TAKE NOTE:**

**If POV, Section 1 below is to be completed by owner/operator and Section 2 by Executive Head of Agency**  
**If GOV, Section 1 and Section 2 must both be completed by Executive Head of Agency**

**Section 1 To be completed by Requestor**

The Requestor certifies the following:

- This vehicle shall not be used to pass through toll requirements unless the requestor's or agency's transponder is attached and functioning. \_\_\_\_\_ (Initials)
- This vehicle shall not accumulate unpaid parking violations. \_\_\_\_\_ (Initials)
- Unless extraordinary circumstances exist, the requestor shall be the sole vehicle operator. \_\_\_\_\_ (Initials)

*If the requestor fails to meet the above conditions and/or it is revealed to the RMV any violations of the above conditions, then the RMV reserves the right to revoke confidential plate status.*

REQUESTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section 2 To be completed by Executive Head of Agency**

Does the Requestor qualify to remain in or enroll in confidential status? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, then any existing confidential plates must be immediately returned to RMV Enforcement Services.

Is the Requestor currently in an employment disciplinary suspension status, or the subject of a domestic violence investigation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, then any existing confidential plates assigned to the Requestor must be immediately returned to  
RMV Enforcement Services.

**Upon signature of this request, the Executive Head of Agency/Approving Official is certifying an immediate need for confidential plates to be issued to the Requestor and is directly responsible for oversight of proper usage.**

NAME OF APPROVING OFFICIAL: \_\_\_\_\_ TITLE: \_\_\_\_\_  
Approving official must be the Executive Head of the Agency, District or Field Office (Please Print)

APPROVING OFFICIAL'S EMAIL & PHONE # FOR VERIFICATION:

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**APPROVAL:**

Signature below assures veracity to the above statements and that both the Requestor and Approving Official have reviewed the requirements for the use and issuance of Confidential Plates and agree to full compliance.

APPROVING OFFICIAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**JUSTIFICATION:**

Check which category applies to the Requestor and elaborate on the justification in the space provided.

**Undercover Law Enforcement**

*Note: Standard uniformed law enforcement officers that primarily work in Patrol capacities do not meet the criteria for POV Confidential Plates unless other circumstances exist.*

**Certain members of the Judiciary**

**Certain Probation Officers**

**Individuals identified to the Registrar as needing confidential status due to extraordinary circumstances.**

Explain: (attach additional documents if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RMV USE ONLY: Approved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials of RMV Official: \_\_\_\_\_

If NO, provide reason: