Request for Re-Authorization

Registry of Motor Vehicles · EVR Program
P.O. Box 55889 · Boston, MA 02205-5889
E-Mail - MassDOTEVRReauths@dot.state.ma.us

Instructions

This form is used when an Authorized User's password expires, or an Authorized User needs additional access for central processing purposes. If your password is expired and you have processed a transaction within the last 90 days, please complete this form and e-mail it to MassDOTEVRReauths@dot.state.ma.us. **This form is required to be signed by the Dealer Principal, Comptroller, or EVR Supervisor.**

- If this is a location transfer, please complete Section A with your new location and Section B.
- If this is for an expired password, please complete Section A with your current location and Section B
- If this is for additional access, please complete Section A with your current location and Section B with your additional location listed
- If this for Service Provider Change, please complete Section A with your current location and Section B

Service Type	Reason for Request: ☐ Location Transfer ☐ Expired Password ☐ Additional Access ☐ Service Provider Change

A. Agency Information	Service Provider (check one) ☐ CVR ☐ DDI ☐ DealerTrack ☐ Boston Software

Date

Dealership/Agency

CMF (If Applicable)

Address   Street   City   State   Zip Code

Telephone Number

Fax Number

B. Authorized EVR User Information

Name

Last Four Digits of SSN

Email

Driver License Number

Additional Access Locations (If Applicable)

Additional Access Locations (If Applicable)

Prior Location (If Applicable)

Previous Service Provider

New Service Provider

Signatures

Statement of Authorized User

I understand that if my password expires 3 times in a calendar year, I will not be permitted to continue as an Authorized User on the EVR Program.

_____   _____

Signature of Applicant   Date

Statement of Authorized Dealer/Agent Representative

I understand that if an Authorized User's password expires 3 times in a calendar year, they will not be permitted to continue as an Authorized User on the EVR Program. All Authorized End Users should process work on a regular basis to keep their password in an active status.

_____

Applicant's Supervisor Signature

_____   _____

Print Name   Position

EVR104_0324