



# EVR (Electronic Vehicle Registration) Request Form

Registry of Motor Vehicles · EVR Program  
P.O. Box 55889 · Boston, MA 02205-5897

## Instructions

Please complete form and submit to the RMV's EVR Department:

Registry of Motor Vehicles  
EVR Program  
P.O. Box 55889  
Boston, MA 02205-5897

## Type of Transaction

Type of Request (check all that apply)

- ☐ New    ☐ Change Service Provider    ☐ Change Type of Access
- ☐ Change Business Address, List Previous Address: \_\_\_\_\_
- ☐ Change Business Name, List Previous Name: \_\_\_\_\_
- ☐ Change Service Provider Effective Date: \_\_\_\_\_

Type of business (check one)   ☐ Dealership (Class I)   ☐ Dealership (Class II)   ☐ Insurance Agency   ☐ Out of State Fleet   ☐ Salvage Yard

Type of Access (check one)   ☐ Traditional   ☐ Lite    Service Provider (check one)   ☐ CVR   ☐ DDI   ☐ VITU   ☐ Boston Software\*  
☐ Copart   ☐ eDealerServices

\*NOTE: For Internal RMV use only; eligible for eStamp indicator.

## Location Information

Legal Business Name		DBA Name	
FEIN		UPS# / CMF#	
Location Address	Street	City	State      Zip Code
Mailing Address	Street	City	State      Zip Code

## Signature

All information is subject to verification. The RMV reserves the exclusive right to alter or amend this document at any time. This document is a public record.

Business/Security Contact Name		Contact Signature	
Contact Phone Number	Contact Email Address	Date	

Access Agreement Date	Permit Date
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