

Form MVU-5A Application for Certification/Recertification to the Motor Vehicle Leasing List

Rev. 4/99

Massachusetts

Department of

Revenue

All entries must be printed or typed, except for signatures.					
ame of vendor			Telephone number		
Address of vendor	City/Town		State	Zip	
I,		certify that I am the owner	and/or autho	rized representative of the	
above-named vendor and that the vendor h	_		by the Com	missioner of Revenue and	
that the vendor is engaged in Massachusei	ts in the business of leasing and/or renting	g motor vehicles.			
It is further certified that all motor vehicles vor rental.	which are or will be registered by the vend	or under this certificate are	or will be use	ed exclusively for leasing	
Please indicate the total number of motor v		tal currently registered in M		3:	
Owner or authorized representative	Title		Date		
Any person who willfully delivers or disclose or \$50,000 in the case of a corporation, or Motor Vehicle Leasing	by imprisionment for not more than one ye	ear, or both.			
Definition: The term motor vehicles, as it is business on the Motor Vehicle Leasing List		notor vehicles which are or	will be regist	ered to an individual or	
1. Does the business lease or rent motor v ☐ Automobiles ☐ Trucks ☐ Limousin		ate type(s) of motor vehicle	(s) leased or	rented (check all that apply):	
2. Does the business lease or rent any of	its motor vehicles to any of its employees?	P ☐ Yes ☐ No.			
3. Please state whether the business for w ☐ Sole proprietorship ☐ Corporation	which certification is sought is a (check one Partnership Trust Other (explain				
4. Does the business lease or rent limousi	nes? If yes, please state whether a chauff	eur/driver is provided when	such vehicle	es are leased or rented.	
5. If the business is a taxi company, are th	e taxis used exclusively for leasing or rent	al on all shifts? If not, pleas	se explain bri	efly.	
6. Please indicate all purposes for which the ☐ Lease ☐ Courier ☐ Private use ☐ Other (explain):	ne exempted motor vehicles will be used (
Declaration					
I declare under the pains and penalties of they are true.	of perjury that I have reviewed this app	lication and the statemen	ts I have ma	de in it and declare that	
Signature	Title		Date		

Mail to: Massachusetts Department of Revenue Customer Service Bureau Motor Vehicle Leasing Certification PO Box 7010 Boston, MA 02204 (617) 887-MDOR