



Inspection Station Complaint Form

Registry of Motor Vehicles • Vehicle Safety and Compliance Services
P.O. Box 55892 • Boston, MA • 02205-5892
RMVInspection@dot.state.ma.us • Phone: 857-368-7310

A. Requirements and Instructions

Please fill out the following required information **completely** and email to RMVInspection@dot.state.ma.us or mail to the address above.

For a Safety Issue this form must be submitted within 30 days of inspection date. For an Emissions issue, this form must be submitted within 2-days.

You will be contacted by a Registry of Motor Vehicles field investigator between the hours of 8:00 AM and 4:00 PM Monday through Friday. Please list a phone number where you can be reached during these hours.

NOTE: Please attach a copy of your Vehicle Inspection Report to this form.

B. Applicant Information

Vehicle Owner's Last Name		First Name	Middle Initial	Suffix
Mailing Address				
Street	City	State	Zip Code	
Phone #	Email Address			

C. Vehicle Information

Plate Type (from registration.)		Registration (Plate) #		VIN #	
Current Odometer Reading	Vehicle Year	Make	Model	Color	

D. Inspection Station Information

Inspection Station Name			Station #:
Address			
Street	City	State	Zip Code
Date of Inspection	Inspector #		

E. Complaint Details

My complaint is: ☐ Emissions related ☐ Safety related ☐ Both emissions and safety related

I wish to: ☐ Challenge the Inspector's decision* ☐ File this complaint ☐ Request an investigation

*If the RMV determines the inspector was correct in failing your vehicle, it will cost you \$35.

Is your vehicle available for inspection during normal business hours? ☐ Yes ☐ No

Location

Street	City	Zip Code
Description of problem (use additional paper if necessary)		

F. Signature

I swear (affirm), under the penalties of perjury, that the information I have provided is true and correct. I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: _____ Date: _____