



Commonwealth of Massachusetts
 Division of Standards
 1000 Washington Street, Suite 510
 Boston, MA 02118
 617-727-3480

FEE \$450.00

FOR INTERNAL USE ONLY:
REPAIR SHOP #: _____
ISSUE DATE: _____
ISSUE BY: _____

MOTOR VEHICLE REPAIR SHOP APPLICATION

This registration is valid for a **three (3) year period with a cycle of June 1st to May 31st**. The registration fee is **\$450.00**. The forms of payment accepted are personal, business or bank checks, and money order. Please make check or money order payable to: **Commonwealth of Massachusetts**.

NOTE: You may also register online to pay with a credit/debit card or electronic check at www.mass.gov/standards

Checklist

- New applicants:** must include two (2) letters of recommendation signed by two (2) individuals who are either: registered motor vehicle repair shops, owners, elected public officials, or member of the Massachusetts Bar. Individuals must not be two (2) of the same.
- All applicants:** include a bond in the amount \$10,000.00 from a valid surety bond company. If a new bond is required, the original bond must accompany this application in accordance with the requirements of G.L. c., 100a §2a.

Are you renewing your registration? Yes No If yes, please provide your registration number: _____

Are the public areas of the facility for which you are applying for registration accessible to persons with disabilities? Yes No

Business Name: _____

Business Address: _____ City/ Town: _____ Zip Code: _____

Fed. Tax ID # _____ SSN #: _____

Sales Tax #: _____

Phone #: _____ Email Address: _____

Name & License # of Appraiser employed by you: _____

If the Appraiser above is different from the owner of business, a letter must accompany this application confirming employment, stamped with the individual appraiser's seal.

Liability Insurer: _____ Insurance Policy #: _____

Hazardous Waste ID #: _____

If applicant is a firm, partnership, association, or corporation, the following must be completed:

Name: _____ Address: _____ Title: _____

Name: _____ Address: _____ Title: _____

Name: _____ Address: _____ Title: _____

Name of Person in Charge: _____

The name and residences of other persons having direct or indirect financial interest in the business to be conducted under this registration are as follows:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Have there been any formal complaints against you and/or any person listed above where disciplinary action was taken by the Division of Standards or any court judgment was issued against you? If so, please give details below.

Have you and/or any person listed above been charged with, indicted for or convicted of any felony during the last five (5) years in any state or jurisdiction? If so, give details below, including but not limited to the docket number, the court, disposition, and whether the matter is still pending.

Have you and/or any person listed above been a party in any proceedings pending in any state or federal court or administrative agency involving fraud, deceit or misrepresentation? If so, give details below, including but not limited to the docket number, where the matter is pending, whether the case is open or closed, and if closed the result of the case.

Have you and/or any person listed above, or any motor vehicle repair shop in which you and/or any person listed above had a direct or indirect financial interest, had a previous application for registration denied or a certificate or registration suspended, revoked, or suspended by any municipal, state, or federal agency? If so, give details below.

Pursuant to G.L. c. 62C, § 49A, I certify under pains and penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support, that I have complied with all local permit and license requirements, and that all statements contained in this application, to the best of my knowledge and belief, are true.

Signature of Applicant

Date

If applicant is a firm, partnership, association, or corporation:

Signature of Authorized Officer

Date

Name and Title of Authorized Officer