



Name / Address Change Request Form For Section Five Plate Types

Registry of Motor Vehicles · Section Five Division
P.O. Box 55897 · Boston, MA 02205-5897 · PHONE: 857-368-8030 · FAX: 1-617-507-7974

Requirements and Instructions

Use this form to apply for a name/address change. This form can be mailed or faxed to the address listed above.

For sole proprietors using a business name, you must provide the following:

- ☐ Proof of FID number from the IRS
- ☐ Amended Certificate of Business from city / town
- ☐ Amended Dealer's License from city / town (if applicable)
- ☐ Photocopy of MA Driver's License (if applicable)
- ☐ Photos of exterior business signs, as well as the posted business hours and the building's interior office

For corporations, you must provide the following:

- ☐ Article of Amendment from the Secretary of State
- ☐ Proof of FID number from the IRS
- ☐ Amended Certificate of Business from city / town (if applicable)
- ☐ Dealer license from the city or town (if applicable)
- ☐ Photos of exterior business signs, as well as the posted business hours and the building's interior office

Note: If you are making a name change and are the holder of a Repair, Farm, or Owner Contractor plate, you must re-title all vehicles associated with the above plate number. To do this, you must complete an Registration and Title Application (for each vehicle) and submit it with the proper title fee.

A. Business Information		Registration Type	Registration Number	
Business Name				
Address	Street	City	State	Zip Code
Business Phone Number		Business E-mail Address		

Briefly describe the changes you would like to make to your Section 5 Registration:

B. Signature(s)

I, the undersigned, herby certify that all information contained in the application is true and correct to the best of my knowledge and belief.

False statements are punishable by fine, imprisonment or both.

Signature _____ Date _____

Signature _____ Date _____