



Notice of Appearance of Counsel

Registry of Motor Vehicles
P.O. Box 55889 · Boston, MA 02205-5889 · PHONE: 857-368-8200

Instructions

This form must be completed by an attorney who is representing an RMV customer during a suspension hearing. Please complete all fields and upload the completed form with a completed Suspension Hearing Application prior to the scheduled hearing.

Operator Information

Operator Name		DOB
License #	State	

Attorney Information

Attorney Name		BBO#
Address	Street	City
		State
		Zip Code
Phone #	Fax #	

Certification and Signature

I, _____, enter my appearance on behalf of the above operator as it pertains to his or her pending matter before the Registry of Motor Vehicles and my client has authorized me to conduct any record request on his or her behalf. I understand that pursuant to the provisions of 540 CMR 9.00, my client must appear with me at any hearing on these matters unless the Registry, in its discretion, has waived his or her appearance for good cause.

Signature of Attorney	Printed Attorney Name	Date
Signature of Operator	Printed Operator Name	Date