Out-of-State Verification Inspection 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

This form is used to notify the RMV that your vehicle or equipment is out-of-state and will miss its required annual Massachusetts vehicle inspection. All information must be provided. Forms not accompanied by satisfactory proof will be rejected. This form can be sent to **RMVInspection@dot.state.ma.us**

NOTE: Please also print your Out-of-State Address, Plate, and VIN information in the receipt section on the bottom of this form.

B. Applicant Information

Owner's Last Name	First Name	Middle Initial	Suffix

Mailing Address

Street	City	State	Zip Code

Out-of-State Mailing Address

Street	City	State	Zip Code

Driver's License #	Phone #

Email Address

C. Vehicle/Equipment Information

Plate Type (from Registration)	Registration (Plate) #	VIN #

Registration Expiration Date	Current Odometer Reading (if applicable)	Vehicle/Equip. Year	Make	Model

D. Certification and Signature

Please check one:

☐ I hereby certify that the above vehicle or equipment has passed the inspection required by the jurisdiction in which the vehicle is currently domiciled. As proof, I have attached a copy of my passing inspection receipt. (Note: For commercial vehicles, check this box and attach a copy of an FMCSA / "DOT" Inspection Form or FMCSA / "DOT" equivalent state inspection.)

☐ I hereby certify that the jurisdiction in which the above vehicle or equipment is currently domiciled lacks an inspection program or does not inspect vehicles registered in other jurisdictions.

I hereby certify that I temporarily reside in another jurisdiction because I am …

☐ A student ☐ In military service ☐ A seasonal resident ☐ Other

Within 3 days of being returned to the Commonwealth of Massachusetts (15 days if inspected by another state/jurisdiction), the vehicle or equipment identified on this form must have a vehicle inspection performed by a Massachusetts vehicle inspection station, as required by law. 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.

Applicant Signature: _____ Date: _____

Please clearly print the address where this form can be mailed back to you in the receipt section at the bottom of this form and keep the receipt with the vehicle once approved by the RMV.

Out-of-State Verification Approval & Receipt

EXPIRES LAST DAY OF MONTH ONE YEAR FROM DATE STAMPED BELOW.
(Keep this receipt with your registration until inspected in Massachusetts.)

Plate Type (from Registration)	Registration (Plate) #	VIN #

Please clearly print name and out-of-state address in this box	**RMV Use Only**