



Registration and Title Application

A. Service Type

Select the transaction to be performed.
Provide the plate number below if applicable.

Plate Type	Plate Number
------------	--------------

Transactions/Amendments in **bold** require an insurance stamp.

Italicized transactions may require an insurance stamp.

Transactions with * require plate type and number above.

I want to:

- Register and title a vehicle**
- Transfer plate to a new vehicle***
- Reinstate a registration**
- Apply for a salvage title
- Apply for a title only
- Apply for a registration only**
- Transfer a plate between two vehicles***
- Register previously titled vehicle**
- Title previously registered vehicle*
- Transfer vehicle to surviving spouse***

- Apply for a non-resident short-term registration**
- Change plate on existing vehicle with no amendments**
- Renew a registration**
- Amend a registration**

Select the information to be amended.

Enter new information in the section indicated.

- Registration Type (B 3.)
- Address (D, E or F)
- Color (B 4.)
- Lessee (E)
- Fuel Type (B 8.)
- Garaging Address (G)
- Total Gross Weight (B 12.)
- Insurance (K)**
- Name (D or F)
- Other: _____
- VIN (B 1.) For vehicles with no MA Title**

B. Vehicle Information

B1. Vehicle Identification Number (VIN)

B2. Body Style

B3. Registration Type: Passenger Commercial Bus Livery Camper
 Trailer Taxi Motorcycle Semi-Trailer Other: _____

B4. Color(s): Black White Brown Blue Yellow Gray
 Purple Green Orange Red Silver Gold

B5. Year Make Model Model# Trim

B6. Transmission Type: Automatic
 Other: _____ Manual

B7. Number of: Cylinders / Passengers / Doors
/ /

B8. Fuel Type: Gas Electric Propane
 Diesel Hybrid Other: _____

B9. Odometer (Miles)

B10. Bus: Regular DPU School Bus School Pupil
 School Pupil/Taxi School Pupil/Livery

B11. If carrying passengers for hire, enter max seating capacity _____

B12. Total Gross Weight (Laden) *Cannot exceed GVWR* _____

C. Title Information

C1. Vehicle Condition New Used

C2. Previous Title Issue Date (MM/DD/YYYY)

C3. Previous Title Number Previous Title State Previous Title Country

C4. Title Type: Clear Salvage Reconstructed
 Theft Prior Owner Retained Owner Retained

C5. Primary Salvage Title Brand: Repairable Parts Only

C6. Secondary Salvage Brand(s): Vandalism Flood
 Theft Fire Salt Collision Other

D. Owner 1 Information

D1. Select Owner(s) Identification Requirement being provided for registration purposes MA License/ID
 Out-of-State License Social Security Number Lawful Presence/ Foreign Unexpired Passport/ Consular ID

D2. 1st Owner's Name (Last, First, Middle) **D3.** Date of Birth (MM/DD/YYYY) **D4.** License/ ID/ SSN/ Passport/ Consular ID #

D5. Residential Address Apt.# City State Zip Code **D6.** Where was document from D4 issued?

D7. Mailing Address Same as Residential Apt.# City State Zip Code **D8.** Expiration date of document from D4

D9. Email Cell Home Work Phone#

Owner 2 Information

D10. Select Owner(s) Identification Requirement being provided for registration purposes MA License/ID
 Out-of-State License Social Security Number Lawful Presence/ Foreign Unexpired Passport/ Consular ID

D11. 2nd Owner's Name (Last, First, Middle) **D12.** Date of Birth (MM/DD/YYYY) **D13.** License/ ID/ SSN/ Passport/ Consular ID #

D14. Residential Address Apt.# City State Zip Code **D15.** Where was document from D13 issued?

D16. Mailing Address Same as Residential Apt.# City State Zip Code **D17.** Expiration date of document from D13

D18. Email Cell Home Work Phone#

E. Lessee Information / In Custody of

E1. 1st License #/ ID #/ SSN/ FID **E2.** 1st Lessee or Corp/Co/Organizations Name **E3.** 1st Lessee Address

E4. 2nd License #/ ID #/ SSN/ FID **E5.** 2nd Lessee or Corp/Co/Organizations Name **E6.** 2nd Lessee Address

F. Business Owner Information		F1. Email _____		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone# _____	
--------------------------------------	--	-----------------	--	--	--

F2. EIN/FID _____	F3. Corp/Co/Organization/Lessor Name _____	F4. USDOT# _____	F5. TIN# _____
-------------------	--	------------------	----------------

F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only _____		F7. SSN if Sole Proprietor _____
--	--	----------------------------------

F8. Physical Address _____	Apt.# _____	City _____	State _____	Zip Code _____
----------------------------	-------------	------------	-------------	----------------

F9. Mailing Address _____	<input type="checkbox"/> Same as Physical Address	Apt.# _____	City _____	State _____	Zip Code _____
---------------------------	---	-------------	------------	-------------	----------------

G. Garaging Address Address where vehicle is principally garaged.

G1. Address _____	Apt.# _____	City _____	State _____	Zip Code _____
-------------------	-------------	------------	-------------	----------------

H. Lienholder Information The bank, financial institution, or private party that financed your vehicle loan.

1st Lien Code _____	Name _____	Address _____
---------------------	------------	---------------

2nd Lien Code _____	Name _____	Address _____
---------------------	------------	---------------

3rd Lien Code _____	Name _____	Address _____
---------------------	------------	---------------

I. Sales or Use Tax Schedule Numbers I1 or I2 must be completed by a licensed dealer. Number I3 must be completed for all casual/private sales. Number I4 is completed for sales tax exemptions by the RMV.

I1. Sale by Licensed Motor Dealer Dealer EIN/FID#: _____ Authorized Dealer's Signature: _____ MSRP: _____ Total Sales Price: _____ Less Manufacturers Excise: _____ Trade-In 1 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Trade-In 2 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Taxable Sales Price: _____ MA Sales Tax Paid: _____	I2. Sale By Auction Sale Price including Buyer's Premium: _____ I3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale) Gross Sale Price (Proof Required): _____ MA Sales/Use Tax: _____ Out of State Sales Tax Previously Paid: _____ State that Sales Tax was Paid to: _____ I4. Claim Exemption Code _____ Form Attached (If Required) _____
--	---

J. Purchase Information	J1. Purchase Date: _____	J2. Is this vehicle being converted from another state with the same owner? If Yes, answer questions J3-J5 below <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------	--------------------------	--

J3. MA Resident at Time of Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	J4. Was Mass Sales Tax Previously Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	J5. Proof of Tax or Letter of Delivery provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

K. Insurance Information

K1. Insurance Company _____		The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant herein before named with respect to the motor vehicle herein before described for a period at least coterminous with that of such registration under a motor vehicle liability policy, binder or bond which conforms to the provisions of general laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 113H and Chapter 175E.
K2. Insurance Code _____	K3. Effective Date of Insurance _____	
K4. Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	K5. Policy Change Date _____	

L. Seller Information

L1. Seller Name (Please Print) _____	Insurance Company's Authorized Representative's Signature _____
--------------------------------------	---

L2. Address _____	Apt.# _____	City _____	State _____	Zip Code _____
-------------------	-------------	------------	-------------	----------------

M. Certification and Signature of Applicant(s) Application not complete without all required signatures.

I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Section are true and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commission of perjury under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 _____	Date: _____
Signature: Owner/Lessee 2 _____	Date: _____