

# NEW Registration and Title Application Instruction Guide

This guide is meant to assist customers and business partners with the completion of the Registration and Title Application (RTA). The RTA form should be used for the following transactions:

- 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
- Change plate on existing vehicle with no amendments
- Renew a registration
- Amend a registration

#### Information Required

**Trim –** The trim level is a version of the vehicle model, which defines the different features and options (e.g. SL – Standard Level, LE – Luxury Edition) that will be collected to determine accurate vehicle value.

**Owner ID Requirements –** A customer must select and provide proof of the identification document being used for registration purposes. See Section 4 of the instructions for additional detail.

**USDOT Number and TIN** – Motor carriers with vehicles that fall into the categories listed in Section 6 of these instructions were required to obtain a USDOT number under 540 CMR 2.22 (2). The Tax Identification Number (TIN) is either the motor carrier's federal identification number or SSN.

**Garaging Address** – A full garaging address (e.g. street, city, state, zip) will be collected rather than just the city/town to improve excise billing practices. This is the address where the vehicle is physically located or garaged overnight.

**Purchase Information –** The answers to the series of questions in this section of the application will be used to determine the sales tax amount due and whether it is required in situations where the vehicle registration/title is being converted to MA from another state.

Visit mass.gov/RMV for a fillable version of this form and for additional information about the documentation required to process Registration and Title transactions.

|   | A. Service Type  |                     | Iwan                     |                                   |                              |              |               | for a non-resident sh                           |                            |              |  |
|---|--|---------------------|--------------------------|-----------------------------------|------------------------------|--------------|---------------|---|----------------------------|--------------|--|
|   | Select the transaction to be p<br>Provide the plate number below                                   |                     |                          | egister and tit<br>ansfer plate t |                              | icle*        | 1940          | ge plate on existing veh<br>w a registration*   | icle with no ame           | ndments*     |  |
|   | Plate Type   | Plate Number        |                          | einstate a regi                   |                              |              | Amen          | d a registration*                               |                            |              |  |
|   |  |                     |                          | oply for a salva                  |                              |              |               | information to be ame<br>information in the sec |                            |              |  |
|   | Transactions/Amendments in<br>insurance stamp.   | bold require an     |                          | pply for a reg                    |                              | у            | Regis         |   | Address (D, E              | or F)        |  |
|   | Italicized transactions may re   | quire an            |                          | ansfer a plate<br>egister previo  |                              |              |               |   | Lessee (E)<br>Garaging Add | ress (G)     |  |
|   | insurance stamp.<br>Transactions with * require pla  | ate type and        |                          | tle previously r                  |                              |              |               | Gross Weight (B 12.)                            | Insurance (K               | )            |  |
|   | number above.  |                     | T                        | ansfer vehicl                     | e to survivin                | g spouse*    |               | 3 1.) For vehicles with                         |                            |              |  |
|   |  |                     |                          |                                   |                              |              |               |   |                            |              |  |
|   | B. Vehicle Information   | n E                 | 31. Vehicle              | Identification N                  | lumber (VIN)                 | 1            |               |   | B2. Body Style             |              |  |
|   | B3. Registration Type: Passenger Commercial Bus Livery Camper B4. Color(s): Black White Brown Blue |                     |                          |                                   |                              |              |               |   |                            |              |  |
|   | Trailer Taxi Motorcycle Semi-Trailer<br>B5. Year Make  |                     |                          | ler 🗌 Other:                      |                              |              |               | Purple Green Orange Red Silver Gold del# Trim   |                            |              |  |
|   |  |                     |                          |                                   |                              |              |               |   |                            |              |  |
| 2 | B6. Transmission Type:   |                     | ber of: Cylin            | ders / Passen<br>/                | gers / Doors<br>/            | B8. Fuel Ty  |               | Electric Prop                                   | ane <b>B9.</b> Odom        | əter (Miles) |  |
|   | B10. Bus: Regular DF   | _                   |                          |                                   | rying passer<br>seating cap  |              |               | 2. Total Gross Weight<br>nnot exceed GVWR       | (Laden)                    |              |  |
|   |  | xi 🗌 School Pupil/L | lvery                    |                                   |                              |              |               |   |                            |              |  |
|   |  |                     |                          |                                   |                              |              |               |   |                            |              |  |
|   | C. Title Information   |                     |                          |                                   |                              | C2.          | Previous Ti   | tle Issue Date (MM/DI                           | D/YYYY)                    |              |  |
|   | C3. Previous Title Number  |                     | c1. Vehicle              | Condition                         | New U                        | sed          | vious Title C |   |                            |              |  |
|   |  |                     |                          |                                   | 0 ·                          |              |               |   | 1                          |              |  |
|   | C4. Title Type: Clear  |                     | nstructed<br>er Retained |                                   | Salvage Title<br>ble 🗌 Parts | _            |               | / Salvage Brand(s): □<br>] Fire □ Salt □        |                            | Flood Other  |  |
|   |  |                     |                          |                                   |                              |              |               |   |                            |              |  |
|   |  |                     |                          |                                   |                              |              |               |   |                            |              |  |
|   | D. Owner 1 Information   |                     |                          | Identification                    |                              |              |               | tration purposes N<br>ence/ Foreign Unexpi      |                            | onsular ID   |  |
|   | D2. 1st Owner's Name (Last,  | First, Middle)      |                          |                                   | D3. Date of                  | FBirth (MM/D | D/YYYY)       | D4. License/ ID/ SSN                            | / Passport/ Con            | sular ID #   |  |
|   | D5. Residential Address  |                     | Apt.#                    | City                              | S                            | itate Z      | ip Code       | D6. Where was docu                              | ment from D4 is:           | sued?        |  |
|   | D7. Mailing Address  | Same as Residential | Apt.#                    | City                              | S                            | itate Z      | ip Code       | D8. Expiration date o                           | f document from            | D4           |  |
|   | D9. Email  |                     |                          |                                   |                              | Home 🔲 W     | /ork Ph       | ione#   |                            |              |  |
|   | Owner 2 Informatio   |                     |                          |                                   |                              |              |               | istration purposes                              |                            |              |  |
|   | D11. 2nd Owner's Name (Las   |                     | i-State Lice             | nse 🔤 300.                        |                              |              |               | ence/ Foreign Unexpi<br>D13. License/ ID/ SS    |                            |              |  |
|   | D14. Residential Address   |                     | Apt.#                    | City                              | S                            | itate Z      | ip Code       | D15. Where was doc                              | ument from D13             | issued?      |  |
|   | D16. Mailing Address   | Same as Residential | Apt.#                    | City                              | S                            | itate Z      | ip Code       | D17. Expiration date                            | of document from           | m D13        |  |
|   | D18. Email   |                     |                          |                                   | Cell                         | Home 🔲 W     | /ork Ph       | ione#   |                            |              |  |
|   | 2  |                     |                          |                                   |                              |              |               |   |                            |              |  |
| 5 | E. Lessee Information  | / In Custody of     |                          |                                   |                              |              |               |   |                            |              |  |
|   | E1. 1st License #/ ID #/ SSN/ FID E2. 1st Lessee of  |                     |                          | r Corp/Co/Organizations Name      |                              |              |               | E3. 1st Lessee Address                          |                            |              |  |
|   | E4. 2nd License #/ ID #/ SSN/  | FID E5. 2nd Lesse   | ee or Corp/(             | Co/Organizatio                    | ns Name                      |              | E6. 2nd I     | Lessee Address                                  |                            |              |  |
|   |  | 1                   |                          |                                   |                              |              | 1             |   |                            |              |  |

Follow through instructions to all sections chronologically to complete the application.



A. Service Type Select the service you want to process and identify any information you wish to amend. The transactions are listed in the I Want To area of this section. If you select a transaction with an asterisk (\*) next to it you must enter the existing plate type and number in the Plate Type and Plate Number fields.

I Want To:

- Register and title a vehicle Select this to apply for new plates and title a newly obtained vehicle. Complete Sections A-M.
- Transfer plate to a new vehicle Select this to transfer an existing plate to a newly obtained vehicle with the same owner(s). Plate Type and Plate Number must be entered in Section A. Complete Sections A-M.
- Reinstate a registration Select this to pay an outstanding reinstatement fee. This transaction may require an Insurance Stamp. Complete Sections A, B, D or F, E if leased, G, K and M.

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#### A. Service Type cont.

• Apply for a salvage title- Select this to apply for a Salvage Title. Complete Sections A-J, L and M.

- Apply for a title only Select this to apply for a title with no registration issued. Sales tax may be required. Complete Sections A-J, L and M.
- Apply for a registration only- Select this to apply for a new plate when no title is required (e.g. trailers less than 3000 lbs or for a Dual Registration). Complete Sections A-B, D-G and I-M.

NOTE: Dual Registration is when motor vehicles or trailers registered in another state need to be registered in MA under the dual registration concept (MGL Chapter 90, Section 3) and display plates from both jurisdictions (as required in MGL Chapter 90, Section 6). This applies to vehicles that meet all of the following conditions:

- Owned by nonresidents and registered in another state
- In the possession of, or under the control of, MA residents for more than 30 days (not necessarily consecutive) within a calendar year period
- Transfer a plate between two vehicles Select this to transfer an existing active plate to another vehicle that is currently titled to the same owner. Complete Sections A-B, D-G and I-M.
- Register a previously titled vehicle Select this to add a plate to a vehicle currently titled to the same owner. Complete Sections A-B, D-G and I-M.
- Title a previously registered vehicle Select this to apply for a new title on a vehicle that has been previously registered without a title. Complete Sections A-J and L and M.
- Transfer vehicle to a surviving spouse Select this when vehicle ownership is transferred to a surviving spouse. The Surviving Spouse transaction is available for passenger vehicles only. If using existing plate, provide Plate Type and Plate Number in Section A. The Affidavit of Surviving Spouse form and a death certificate must be submitted with this transaction. **Complete Sections A-M.**
- Apply for a non-resident short-term registration For a non-resident short-term registration, dealers and insurance agents must select this and complete the RTA. Applicants must also complete a Non-Resident Short-Term Registration Standalone Insurance Certificate (available on Mass.Gov/RMV).
- Change plate on existing vehicle with no amendments Select this to change the existing plate to a new plate with no amendments. Provide Plate Type and Plate Number in Section A. If changing to a commercial plate or School Pupil plate, the Total Gross Weight must be recorded in B12. If changing to a Livery or Bus plate, complete B10 and B11. Complete Sections A, B, D or F, E if leased, G, K and M.
- Renew a registration Select this to renew a registration. Insurance Stamp may be required if the insurance policy record has not been submitted by the insurance carrier. The following fields can be changed during the renewal: weight, seats, passengers, garage address, color, residential address, mailing address and insurance company. Complete Sections A, B, D or F, E if leased, G, K and M.
- Amend a registration Select this to amend information on your Certificate of Registration, including changing your plate. Select the information you are changing and enter the new information in the appropriate section as indicated. Complete Sections A, B, D or F, E if leased, G, K and M.

## **B.** Vehicle Information

Sections B1 – B8 - Required for all transactions.

**B3 – Registration Type** – When selecting trailer as the registration type, use the Other area to write either Commercial or Personal. NOTE: When selecting Camper, if powered, check Camper in B3. If not powered, check Camper and Trailer in B3 and do not complete B7, B8, and B9.

B4 - Color(s) - Up to two colors may be selected for a multi-color vehicle. If selecting two colors, indicate colors by marking the color box with a 1 for primary and a 2 for the secondary color.

B5 – Trim – The trim level is a version of the vehicle model, which defines the different features and options. (e.g. SL – Standard Level, LE – Luxury Edition)

B7 - Passengers - For all "For Hire" vehicles or 7D the number of passengers is the total number of seats Including the driver and must match the seat capacity in B11.

B8-Fuel Type - "Other" options include Compressed Natural Gas, Convertible, Electric and Diesel, Electric and Gas, Ethanol, Flexible, Hydrogen Fuel Cell, and Methanol.



B9 Odometer - Enter odometer in miles only. All other units must be converted to miles.

**B10** - If registering a Bus, choose the correct type/use. If choosing DPU. vou must submit a valid DPU Certificate.

B11 - Enter the maximum seating capacity including the driver, for all "For Hire" vehicles or 7D. The fees are based on the total number of seats and will be used to calculate the registration fees.

B12 - Total Gross Weight (TGW): also known as Registered Weight (RW) - Enter the total gross (full/laden) weight of commercial vehicles or trailers. The TGW/RW cannot exceed the Gross Vehicle Weight Rating (GVWR), which is the maximum weight set by the manufacturer.

### C. Title Information

- 3 Field C1 - Select New or Used. If New is selected, leave the rest of the fields blank.
- C2 C4 Required for vehicles selected as Used in C1.
- C5 Primary Salvage brand- Only required for a Salvage Title.
- C6 Secondary Salvage brand- Only required for a Salvage Title.

#### D. Owner Information (1 and 2) Δ

Complete this section for all transactions that have individual owners. Up to two people can be listed as owners.

D1 - Select the Owner Identification Requirement being provided for registration purposes. By law (M.G.L. c.90 § 2) a 'natural person' applying for a vehicle registration must provide at least one of the following:

- Unexpired Massachusetts Driver's License or Massachusetts ID Card Number
- · Unexpired Out-of-State (OOS) Driver's License (from US or Canada only) - Physical license required if in-person. If owner is not physically present, a color copy of the front and back of the license is required.
- · Your Social Security (SSN) Card Physical SSN Card must be presented. The card cannot be laminated.
- · Proof of lawful presence, foreign unexpired passport, or consular ID - Must present a foreign unexpired passport, a consular ID, or one of the lawful presence documents listed on mass.gov/ID

D4, D6, & D8 - Enter the number, place of issuance, and expiration of the identification document that is selected in D1.

**NOTE:** The RMV reserves the right to attempt to verify any representations or documents the customer has provided in this Section. Whoever knowingly makes any false statement in an 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.

D9 & D18 - Enter owner's email address (optional)

D5 & D14 Residential Address - The residential address is where the owner resides. If there are two owners, the residential address that displays on the registration will be Owner 1.

D7 & D16 Owner Mailing Address - Enter the mailing address if it is different from the residential address. If there are two owners, the mailing address that displays on the registration will be Owner 1. Registration related documents will be mailed to the residential address unless a different address is entered in the owner 1 mailing address fields.

#### E. Lessee Information/In Custody of 5

E1 - Complete this section if the vehicle is leased or if the vehicle is owned by a non-resident, but in custody of a Massachusetts resident. List the Lessee License, ID, or SSN. If Lessee is a business, list the business FID. Complete the section by listing the lessee name and address.

E4 - If there are two lessees, complete the 2nd lessee information. The lessee information must match Purchase and Sales Agreement. Up to two lessees can be listed.

| F. Business Owner Infe  | 1   | ganization/Lessor                      | Name                       |  | F4. USDOT#   | F5. TIN#   |  |  |  |
|---|---|--|----------------------------|--|--|--|--|--|--|
|   |   | -                                      |                            |  |  |  |  |  |  |
| F6. DBA Dealer - Farmer - OC  | ransporter use only                                 |  | F7. SSN if Sole Proprietor |  |  |  |  |  |  |
| F8. Physical Address  |   | Apt. #                                 | City                       |  | State Z  | Ip Code  |  |  |  |
| F9. Mailing Address 🗌 Same  | as Physical Add                                     | ress Apt. #                            | City                       |  | State Z  | Ip Code  |  |  |  |
|   |   | ·                                      |                            |  |  |  |  |  |  |
| G. Garaging Address   | Address where                                       | vehicle is principa                    | lly garaged.               |  |  |  |  |  |  |
| G1. Address   |   | Apt. #                                 | City                       |  | State Z  | Zip Code   |  |  |  |
| H. Lienholder Informat  | ion The bank  | financial institution                  | or private party t         | nat financed your vehic  | le loan  |  |  |  |  |
|   | Name  |  | Address                    | lat manooa your rom  |  |  |  |  |  |
| 2nd Lien Code   | Name  |  | Address                    |  |  |  |  |  |  |
| 3rd Lien Code   | Name  |  | Address                    |  |  |  |  |  |  |
|   |   |  |                            |  |  |  |  |  |  |
|   |   |  |                            |  | N 1 10 1   |  |  |  |  |
| I. Sales or Use Tax Sc  | hedule  |  |                            | ed by a licensed deale<br>completed for sales t  |  |  |  |  |  |
| 11. Sale by Licensed Motor I  | 11. Sale by Licensed Motor Dealer Dealer EIN/FID #: |  |                            |  | I2. Sale By Auction  |  |  |  |  |
| Authorized Dealer's Signatu   |   |  |                            | Sale Price including Buyer's Premium:  |  |  |  |  |  |
| MSRP: Total Sales Price:  |   |  |                            | I3. Sale By Other Than Motor Vehicle Dealer or Auction Ho<br>(Casual Sale)   |  |  |  |  |  |
|   | Less Manufacturers Excise: Less Trade-In Allowance: |  |                            |  | rice (Proof Require  | ed):   |  |  |  |
| Trade-In 1 VIN:   |   | Allowance:                             | MA Sales/Us                | e Tax:   |  |  |  |  |  |
| Year:   | Make:   | Model:                                 |                            | Out of State   | Sales Tax Previous   | y Paid:  |  |  |  |
| Trade-In 2 VIN: Less<br>Year: Make: Mod   |   |  | Allowance:                 | State that Sa  | <ul> <li>State that Sales Tax was Paid to:</li></ul>   |  |  |  |  |
|   |   |  |                            | I4 Claim Ex  | emption Code   |  |  |  |  |
| Taxable Sales Price:  | MA Sales T  | ax Paid:                               |                            |  | ed (If Required)   |  |  |  |  |
|   |   |  |                            |  |  |  |  |  |  |
| J. Purchase Informatio  | n J1. Purchase                                      | e Date:                                |                            | J2. Is this vehicle beir<br>If Yes, answer question  |  | nother state with the same ow<br>Yes No  |  |  |  |
| J3. MA Resident at<br>Time of Purchase?  Yes  | No J4   | . Was Mass Sales<br>x Previously Paid? | Yes I                      | J5. Pr   | oof of Tax or Letter<br>very provided?   |  |  |  |  |
|   |   |  |                            | The company signatory h  | ereto hereby certifies that  | it has or will insure or guarantee   |  |  |  |
| K. Insurance Information K1. Insurance Company  |   |  |                            | performance by the applic<br>herein before described for   | performance by the applicant herein before named with respect to the motor vehicle<br>herein before described for a period at least coterminous with that of such registration under |  |  |  |  |
|   |   |  |                            | motor vehicle liability policy, binder or bond which conforms to the provisions of genee<br>Chapter 175, Section 113A, and that the premium charge and classification on the eff<br>date of registration are as established by the commissioner of insurance under Chapt |  |  |  |  |  |
| K2. Insurance Code K3. Effective Date of Insurance Section 113B, 113H and Chapter 175E. |   |  |                            |  |  |  |  |  |  |
| K4. Self Insured? Yes   | No K5. Policy                                       | Change Date                            |                            |  |  |  |  |  |  |
|   |   |  |                            | Insurance Co   | mpany's Authorized   | Representative's Signature   |  |  |  |
|   |   |  |                            |  |  |  |  |  |  |
| L. Seller Information   |   |  |                            |  |  |  |  |  |  |
| L1. Seller Name (Please Prir  | t)  |  |                            |  |  |  |  |  |  |
| L2 Address  |   | Apt. #                                 | City                       |  | State Z  | Zip Code   |  |  |  |
| M. Certification and Si   | gnature of A  | oplicant(s)                            | Application not co         | mplete without all requ  | uired signatures.  |  |  |  |  |
| I/We the applicants hereby ce   |   |  |                            |  |  |  |  |  |  |
| incurred by the applicant(s), a   |   |  |                            |  |  | <ul> <li>the business partner of the<br/>any false statement in applica</li> </ul> |  |  |  |

#### F. Business Owner Information

Complete this section for vehicles owned by a business entity or leasing company. Proof of FID is required if the business entity is not on record. Proof of FID includes 147C. CP575, or Form 2180, all issued by the Internal Revenue Service (IRS).

F1 - Enter business email address (optional). F4 and F5 USDOT# and TIN - Required for motor carriers operating commercial motor vehicles that are:

· Engaged in intrastate commerce (business conducted solely in Massachusetts) having a Gross Vehicle or Gross Combo Weight rating of over 10,000 pounds; or

Signature: Owner/Lessee 1

Signature: Owner/Lessee 2

· Used in the transportation of hazardous materials in quantity requiring placarding; or

· Designed to transport more than 15 passengers, including the driver, used in intrastate commerce in Massachusetts

To obtain a USDOT# visit www.fmcsa.dot.gov

F6 - DBA (Doing Business As) - This field is for Section 5 applicants only. Enter the DBA name.

F7 - SSN if Sole Proprietor - When registering vehicles as sole proprietor, proof of FID and the sole proprietor's Social Security (SSN) Card are required.

F8 Physical Address – Enter the physical location of the business.

F9 Mailing Address - Enter the business mailing address.

Date

Date

## G. Garaging Address

G1- The garage address is where the vehicle is physically located or garaged overnight. This address is used to identify which city or town will issue the excise tax bill to the customer.

8 If the vehicle is financed, enter the financial institution's name and address. If the lienholder code is unknown, leave blank.

#### I. Sales or Use Tax Schedule

9 **I1** - When the vehicle is purchased from a licensed motor vehicle dealer, the dealer must complete this section.

2 - When the vehicle is purchased directly rom an auction the sale price including ouyer's premium must be entered. The Dealer must also complete the Sale by \_icensed Motor Dealer and Authorized Dealer Signature in Section I1

3 - When the vehicle is purchased from someone other than a licensed motor vehicle dealer this section must be completed.

4 - When the vehicle is tax exempt this section is completed by the RMV.

#### J. Purchase Information

J1- The date of purchase for the vehicle peing registered/titled must be entered in his section.

J2-J5 This section must be completed when a person is converting their vehicle from out of state to MA.

#### K. Insurance Information

K1, K2, K3 and K5 - This section is to be completed, signed and stamped by a Massachusetts authorized insurance agent or company. Proof of insurance is required on all transactions with the exception of Salvage Title and Title Only. Proof of insurance MAY be required on renewals, plate einstatements, and some amendments. The nsurance stamp is valid for 30 days.

K4- Self-Insured - This section must be completed for all self-insured vehicles. There are 3 instances where self-insured is acceptable. 1) Customer posts a bond with he US Treasurer's Office 2) the entity is a State or Municipal office or 3) the entity is a utility company. The Treasurer's Office will ssue a Treasurer's Certificate, which must be submitted at the time of the transaction to register the motor vehicle.

K5- Policy Change Date - This section must be completed with the later of 1) the date he vehicle was added to the policy or 2) the date the RTA is stamped.

#### L. Seller Information

L1 and L2 - This section must be completed with the Seller Name and Seller Address.

#### M. Certification and Signature of Applicants

All owners are required to sign and date this application.

Application Back