



Report and Affidavit of an Operating After Suspension/Revocation Incident

Registry of Motor Vehicles • Driver Control Unit
P.O. Box 55896 • Boston, MA 02205-5896

Download and save this fillable form. Type to complete all highlighted fields on the form and save the file. Email that file, along with any supporting documentation, to DCUOperatingAfterSuspension@massmail.state.ma.us

Documentation may also be printed and submitted to the Driver Control Unit via FAX (857-368-0014) or US Mail to the address above.

A. Incident Information

Date of Request (MM/DD/YYYY)	Date of Incident (MM/DD/YYYY)	Incident Location	City	State
Citation #				

Be advised that the person named below was cited for operating the vehicle referenced below after the suspension/revocation of his/her license or right to operate. (M.G.L. c.90, s.23)

B. Operator Information

Name of Operator _____

Address _____

Street Address	City	State	Zip Code
Date of Birth (MM/DD/YYYY)	Exp. Date of License (MM/DD/YYYY)	License #	Issuing State

C. Vehicle Information

Vehicle Owner(s), If Different _____

Address _____

Street Address	City	State	Zip Code
Registration #	State	Exp. Date of Registration (MM/DD/YYYY)	

Was the subject arrested? Yes No Were license plates/registration confiscated? Yes No

Signed under the penalties of perjury this _____ day of _____, _____

Printed Name as Electronic Signature for Police Chief/Authorized Person: _____

Printed Name as Electronic Signature for Police Officer: _____

Police Department: _____