



# History Search or Photocopy Request

Registry of Motor Vehicles • Title Division P.O.  
Box 55885 • Boston, MA • 02205-5885

## Instructions:

1. License/ID holder or Vehicle owner must complete and sign application.
2. Mail completed application and a photocopy of your license or state issued ID with check or money order to the address above. Make check or money order payable to MassDOT. **Do not mail cash.**

## Request for (check one):

<input type="checkbox"/> Address & License Inquiry: \$5	<input type="checkbox"/> Registration/Title Inquiry: \$5
<input type="checkbox"/> Insurance Policy History: \$5	<input type="checkbox"/> Registration Transaction History: \$5
<input type="checkbox"/> Photocopy of RTA form: \$10 per title transaction (Includes supporting documents)	<input type="checkbox"/> Title Amend Information: \$5
<input type="checkbox"/> Registration History: \$5	<input type="checkbox"/> Title History: \$5

## A. License/ID holder or Vehicle Owner Information

Last Name	First Name	Middle Initial	Suffix
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License/ID #

Address			Zip Code
Street	City	State	

## B. Vehicle Information, if applicable

Registration #	Year	Make
VIN #	Title #	Insurance Policy #

## C. Mail Documents to:

Address			Zip Code
Street	City	State	

## D. Certification and Signature

I swear (affirm), under the penalties of perjury, that the information 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_