



EVR Low User Authorization

Registry of Motor Vehicles · EVR Program
P.O. Box 55889 · Boston, MA 02205-5889

A: Instructions

Use this form to request authorization to operate with a single Individual EVR Participant (IEP) at your location. Once approved, authorization is valid for one year. The IEP must remain onsite during standard business hours, and you must resubmit this request to EVR before the current term expires to avoid non-compliance of the EVR Permit. This authorization becomes void if your location employs two or more full-time IEP. This form requires the signature of the Owner, Manager or Comptroller.

B. Reason Type Lite Location By Appointment Only Business Low Volume Business

C. Location Information

Date	Legal Business Name	DBA (If any)	FEIN
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Address	City	State	Zip Code
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Telephone Number	Email
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D. Authorized EVR User Information

Name

Driver License Number	Last Four Digits of SSN	Email
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Service Provider	Signature
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E. Statement of Fact

Under Section II(a) of the EVR Permit, Permit Holders must promptly notify the RMV if they no longer meet the minimum staffing requirements for EVR function. This notice must explain the cause of the deficiency and outline a corrective action plan. Failure to comply by the RMV's designated date may result in immediate revocation of the permit.

Please submit a detailed plan explaining how you intend to bring the Permit Holder back into compliance regarding authorized users.

F. Signatures

I/We understand that, **if approved**, this location is authorized to operate with a single user. I/We agree to the facts and terms outlined by the EVR Program. I/We acknowledge that failing to reapply for this status before the current term expires will result in the immediate revocation of our permit.

Signature

Print Name

Position/Title

For EVR Department Use Only

The RMV maintains full authority to rescind this single-user authorization at its discretion at any time. To maintain this authorization, the EVR Permit Holder must strictly adhere to all EVR policies and procedures.

Approved Denied

Date: _____ EVR Manager/Supervisor: _____

Sample - For Review Only