REGISTRY OF MOTOR VEHICLES

EVR (Electronic Vehicle Registration) Request Form

Registry of Motor Vehicles · EVR Program
P.O. Box 55889 · Boston, MA 02205-5897

Instructions

Please complete form and submit to the RMV's EVR Department:

Registry of Motor Vehicles
EVR Program
P.O. Box 55889
Boston, MA 02205-5897

Type of Transaction

Type of Request (check all that apply)

☐ New ☐ Change Service Provider ☐ Change Type of Access

☐ Change Business Address, List Previous Address: _____

☐ Change Business Name, List Previous Name: _____

☐ Change Service Provider Effective Date: _____

Type of business (check one) ☐ Dealership (Class I) ☐ Dealership (Class II) ☐ Insurance Agency ☐ Out of State Fleet ☐ Salvage Yard

Type of Access (check one) ☐ Traditional ☐ Lite

Service Provider (check one) ☐ CVR ☐ DDI ☐ VITU ☐ Boston Software* ☐ Copart ☐ eDealerServices

*NOTE: For internal RMV use only; eligible for eStamp indicator.

Location Information

Legal Business Name	DBA Name
FEIN	UPS# / CMF#

Location Address	Street	City	State	Zip Code
Mailing Address	Street	City	State	Zip Code

Signature

All information is subject to verification. The RMV reserves the exclusive right to alter or amend this document at any time. This document is a public record.

Business/Security Contact Name	Contact Signature

Contact Phone Number	Contact Email Address	Date

Access Agreement Date	Permit Date

Sample - For Review Only