



# 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
-----------------------	-------------