Section 5 Plates Cancellation Form

Registry of Motor Vehicles · Section 5 Division
P.O. Box 55897 · Boston, MA 02205-5897· PHONE: 857-368-8030 · FAX: 1-617-507-7974

REGISTRY OF MOTOR VEHICLES

Requirements and Instructions

This is to certify that the registrant wishes to cancel the Master Registration or plate(s) described below, but is unable to return the plate(s) because of the reason stated below. If the master registration is being cancelled, complete Registration Type and Registration Number only. If only a plate(s) is being cancelled, complete Registration Type, Registration Number, and Suffix Letters.

Identification must be presented at time of cancellation. If this cancellation request is submitted by mail, then it must be accompanied by a photocopy of an owner's photo ID, such as driver's license or Massachusetts photo ID.

If you are not canceling the entire Master Registration, there is a $25.00 fee for amending the Master Registration.

A. Registration Information

Registration Type	Registration Number	Suffix Letter(s)

B. Business Information

Corporation / Business Name			Business Phone Number
Address	**City**	**State**	**Zip Code**

C. Vehicle Information

Registration #	Inspection Sticker #

Reason plate(s) is not returned

D. Certification and Signature

I affirm that all statements herein are true to the best of my knowledge and belief.

FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISIONMENT, OR BOTH (Gen laws Ch 90, Sec 24)

Signature

Date

Name of Person Presenting this Affidavit (Applicable if Not the Owner)			License #
Address	**City**	**State**	**Zip Code**