

Massachusetts Registry of Motor Vehicles P.O Box 55889 Boston, MA 02205-5889

RMV-3 Form

1. 🗆 Renewal 🗆 A	amendment 2	2. Current F	Registration #	3.	. Title #	4. Vehicle Identification Num	ber (VIN)
Other:					T		
5. Model Year	6. Make	7. M	lodel Name		8. Model #	9. Circle Color(s) of Vehicle O. ORANGE 3. BROWN 1. BLACK 4. RED 2. BLUE 5. YELLOW	6. GREEN 9. PURPLE 7. WHITE 8. GRAY
10. Cyl/Pass/Doors/V	Vheels	11. Trans	12.	City/T	own Vehicle is Principally G	<u> </u>	Month / Year
Auto 🗖							
		Manual					
14. Name of Owner(s)/Co/Corp/or Sole Proprietor							
Owner #1:							
15. Owner # 1 License # / ID # / or SSN Date of Birth							
EIN / FID# for Corp/Co/Org or Sole Proprietor (if Sole Proprietor, also provide SSN)							
Owner # 2 License # / ID # / or SSN							
EIN / FID# for Corp/Co/Org or Sole Proprietor (if Sole Proprietor, also provide SSN)							
16. Mail Address					City	State	Zip Code
17. Residential Address (if different)					City	State	Zip Code
18. I Have Changed:							
□ My Name □ Motor Power □ Reg From							
□ My Address □ Gross Weight □ VIN							
☐ Garaging ☐ Color ☐ Other							
□ Use	□ Lessee (See	Below)	1	<i>o</i>	· · · · · · · · · · · · · · · · · · ·		
19. If Leased Vehicle, Enter Lessee Information Below Name(s) / Company 26. If Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Company, Enter Name and Code # of Previous Change of Insurance Change of							
					27. Policy Effective Date		28. Policy Type
					Personal □		
20. License # Date of Birth				h	Policy Change Date		Commercial
					29. The company signatory he	ereto hereby certifies that it has or v	will insure or guarantee
performance by the applicant herein before named with respect to the motor vehicle hereinbefor described for a period of at least coterminous with that of such registration under a motor vehicle							
21. FID#					described for a period of at least coterminous with that of such registration under a motor vehicle liability policy, binder, or bond which conforms to the provisions of general laws chapter 175,		
					section 113A and that the premium charge and classification of the effective date of registration		
					are as established by the commissioner of insurance under chapter 175, section 113B.		
		•			Insurance Company		
City State Zip					Agent		
23. If Vehicle Used For Transporting Goods, Wares, or Merchandise							
WT. of Vehicle Fully Equipped					Insurance CO.'s Authorized Representative's Signature/Date		
Max. Load or Heaviest Semi-Trailer With Load					30. I /We the applicant(s) hereby certify under the penalties of perjury that there are no		
Total Gross Weight					outstanding excise tax liabilities on the vehicle described above that have been incurred by		
24. If School Bus, is it Used Exclusively Under Contract to City / Town / School District?				//	the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household, or the business partner of the applicant(s). ***The undersigned hereby further certify that all information contained in this application is true and correct to the best of their knowledge and belief. False statements are punishable by fine, imprisonment, or both.		
Yes No							
25. If Vehicle Carrying Passengers For Hire, Max. Number of Passengers that can be Seated					Owner #1 Signature		
					Owner #2 Signature		
RMV Use Only:	New Plate Type	 e:	N	ew Pla		Effective Date:	
Payment Method:							
□ Cash □ Check □ EFT/CC Total Fee: Clerk ID: Batch #:							

Use the RMV-3 Form for the following

- Change of Insurance Company
- Insurance re-instatement
- Swap to a different plate number or plate type
- Amendment if information on current registration needs to be amended
- Renewal of a current registration (same name/same vehicle) if:
 - A) The registrant did not receive a printed renewal by mail
 - B) The registrant received a renewal form which contained incorrect information

<u>Do Not</u> use the RMV-3 Form if there are any changes in ownership or you are requesting a summer/winter swap. In these cases, an original application for title (RMV-1 form) must be completed.

<u>Instructions for completing the RMV-3 Form</u>

Change of Insurance Company

- 1. Complete this form with all required information, including box 26.
- 2. Check "Other" in box one, and write "Ins. Change."
- 3. Make sure your new insurance agent stamps and signs boxes 27, 28, and 29.
- 4. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 5. A \$25.00 fee is required.

Insurance Re-Instatement

- 1. Complete this form with all required information.
- 2. Check "Other" in box one, and write "Ins. Re-inst."
- 3. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 4. After verifying the information, all owner(s) listed in box 14 must sign box 30.
- 5. A \$100.00 reinstatement fee is required.

Swap to a Different Plate Number or Plate Type

- 1. Complete this form with all required information.
- 2. Check "Other" in box one, and write "Swap."
- 3. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 4. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 5. Fees will vary depending on the plate type and transaction.

Registration Amendments

- 1. Complete this form, including the changes you are requesting in box 18.
- 2. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 3. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 4. A \$25.00 fee is required.

Registration Renewal

- 1. Complete this form with all required information.
- 2. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 3. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 4. The renewal fee is dependent on the plate type. Check fee at www.massrmv.com/rmv/fees/index.htm

Submitting the RMV-3 Form

This form can be processed at any full service RMV branch office.

If you wish to process this transaction by mail, send the RMV-3 form, along with the appropriate fee (check or money order payable to MassDOT) to:

Mail-In Registrations Registry of Motor Vehicles PO Box 55891 Boston, MA 02205-5891

Note: A Swap Plate Transaction cannot be processed by mail. For all other transactions processed by mail, please allow at least 10 business days for processing time.