Application for Medical Doctor (MD) Plates

massDOT Massachusetts Department of Transportation Registry of Motor Vehicles

www.massrmv.com

Registry of Motor Vehicles
P.O Box 55895
Boston, MA 02205-5895
Attn: Special Plates

Medical Doctor plates can only be registered by Massachusetts residents who are actively registered by the Board of Registration in Medicine.

Customer Information (please print)

Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

Current Plate # (if applicable): _____ Driver's License #: _____

Signature: _____ Date: _____

Bring this form to the Board of Registration in Medicine and have it completed by a designated representative.

The board's address is:

Commonwealth of Massachusetts
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

When this application is completed, bring it to any full service Registry branch to get your plates.

Board Of Registration Certification

I hereby certify that _____ is licensed by the Commonwealth of
(Name of Physician)

Massachusetts as a:

☐ Doctor of Medicine (License # _____)

☐ Doctor of Osteopathy (License # _____)

_____
Signature of Board Official Print Name

_____
Official Capacity Telephone #

Registry Use Only:

MD Plate #: _____ Date Issued: _____ Batch #: _____

Doc# T21567-1112