



Registry of Motor Vehicles
 Title Division
 P.O. Box 55889 • Boston, MA 02205-5889

Application for Withdrawal of Title For New Vehicle

Owner's Name _____
(As it appears on the registration)

Address _____

VIN# _____ Plate# _____

Model Year _____ Make _____

Reason for Withdrawal:

We, *(dealer and buyer/lessee)*, hereby agree to cancel the sale of this motor vehicle. We further state that the vehicle was new, the purchaser/lessee never took actual delivery of the vehicle, and the vehicle never left the dealer's lot.

We affirm that all statements herein are true to the best of our knowledge and belief.

Note: False statements are punishable by fine, imprisonment, or both.

| | | |
|--------------------------------|--------------|------|
| Purchaser's/Lessee's Signature | Printed Name | Date |
|--------------------------------|--------------|------|

| | | |
|-------------------------------|---------------|------|
| Dealer's Authorized Signature | Dealer's Name | Date |
|-------------------------------|---------------|------|

Dealer's Address _____

Reminder

- **If you obtained a new registration for this vehicle, you must cancel the registration and submit a copy of the plate return receipt with this form.**
- **If there was a lien on this vehicle, you must submit an original lien release with this form.**

Very Important: Withdrawal requests made ten (10) days after date of application are not guaranteed. Once the Certificate of Title has been issued, a withdrawal cannot be processed.