



# Application for Additional Repair, Farm, Transporter, and Owner Contractor Plates

Commonwealth of Massachusetts  
Registry of Motor Vehicles  
PO Box 55897  
Boston, MA 02205-5897  
Section Five Department  
857-368-8030 (phone)  
857-368-0823 (fax)

Corporation / Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Please circle one

Registration Type: FAN OCN RPN TPN Registration Number: \_\_\_\_\_

Number of Plates Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Current Number of Employees: \_\_\_\_\_

Total Number of Section 5 Plates: \_\_\_\_\_

Total Number of Vehicles with Compliance Decals: \_\_\_\_\_

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

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**False statements are punishable by fine, imprisonment, or both.  
(General Laws Ch. 90, Sec. 24)**

RMV USE ONLY  
Clerks Initials \_\_\_\_\_ Date \_\_\_\_\_