



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
 Erin C. Deveney, Registrar



Inspection Station Complaint Form

Return completed form to: RMV, Attn: Vehicle Safety and Compliance Services
 PO Box 55892
 Boston, MA 02205-5892

Or fax form to: 857-368-0816

Note: Please fill out the following required information *completely*.

Name: _____ Registration (*plate number*): _____

Address: _____ Plate Type (*PAN, CON, etc*): _____

City: _____ State: _____ Zip: _____

You will be contacted by a Registry of Motor Vehicles field investigator between the hours of 8:00 AM and 4:00 PM Monday through Friday. Please list a phone number where you can be reached during these hours.

Daytime Phone Number: _____ Home Phone: _____

Vehicle Year: _____ Make: _____ Model: _____ Color: _____

VIN Number: _____ Current Mileage on Vehicle: _____

Inspection Station Name: _____ Station Number: PB/FL# _____

Address: _____

City: _____ State: _____ Zip _____

Date of Inspection: _____ Inspector Number: _____

My complaint is: Emissions related Safety related Both emissions & safety

I wish to: Challenge The Inspector's Decision** File This Complaint Request an Investigation

(**Note: If the RMV determines the inspector was correct in failing your vehicle, it will cost you \$35)

NOTE: Please attach a copy of your Vehicle Inspection Report to this form.

Is your vehicle available for inspection during normal business hours? YES _____ NO _____

Location: _____

Description of problem (use additional sheets if necessary):

Signature: _____ Date of Complaint: _____