Supplemental Registration Application for 7D School Pupil Transport Vehicle
Massachusetts Registry of Motor Vehicles (RMV)
Vehicle Safety and Compliance Services
P.O. Box 55892 Boston, MA 02205-5892
Tel: 857-368-8130

__________________________________________________________________________________________________

Name of 7D Applicant (same as name of 7D vehicle registrant).
__________________________________________________________________________________________________

Mailing Address
City State Zip Code
__________________________________________________________________________________________________

Business Address (if different)
City State Zip Code
__________________________________________________________________________________________________

Tel No: __________ __________ __________ Cell Tel No: __________ __________ __________ Fax Tel No: __________ __________ __________

I certify that I have read the “7D Vehicle Information and Licensing” leaflet and I understand its contents.

__________________________________________________________________________________________________

Authorized Signature of Applicant
Printed Name
__________________________________________________________________________________________________

Title/Position
Date

Return to the Address Listed Below

Return this ORIGINAL, Completed Form to:

In Person: RMV, Vehicle Safety & Compliance Services, 25 Newport Ave Ext, North Quincy, MA 02171; or

By Mail: RMV, Vehicle Safety & Compliance Services, P.O. Box 55892 Boston, MA 02205-5892; or

By FAX: RMV, Vehicle Safety & Compliance Services, FAX No. 857-368-0816.

For RMV Use Only:

Date Received: ______________________________________

Tracking No.: ______________________________________

Region: ______________________________________

Date Approved: ______________________________________

Date Denied: ______________________________________

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