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 <u>ORIGINAL,</u> Completed Form to:

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

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

<u>By FAX</u>: 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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