

Form MVU-5A Application for Certification/Recertification to the Motor Vehicle Leasing List

Rev. 4/99 Massachusetts Department of

Revenue

evenue

All entries must be printed or typed, e	xcept for signatures.			
Name of vendor		Τε	Telephone number	
Address of vendor	City/Town	St	tate Zip	
	, C	ertify that I am the owner and	d/or authorized representative of the	
above-named vendor and that the vendor	holds vendor registration number – etts in the business of leasing and/or renting	– issued by		
	s which are or will be registered by the vendor		will be used exclusively for leasing	
Please indicate the total number of motor	vehicles of the vendor used for leasing/renta	al currently registered in Mass	sachusetts:	
Owner or authorized representative	Title	Da	ate	
	ses to the Commissioner of Revenue any fals r by imprisionment for not more than one yea List Questionnaire		all be fined for not more than \$10,0	
Definition: The term motor vehicles, as it business on the Motor Vehicle Leasing Li	is used in this questionnaire, relates to all mo st.	otor vehicles which are or wil	l be registered to an individual or	
1. Does the business lease or rent motor Automobiles Trucks Limous	r vehicles? □ Yes □ No. If yes, please stat sines □ Taxis □ Other:	te type(s) of motor vehicle(s)	leased or rented (check all that app	
2. Does the business lease or rent any c	f its motor vehicles to any of its employees?	Yes No.		
3. Please state whether the business for	which certification is sought is a (check one)	:		
□ Sole proprietorship □ Corporation	Partnership Trust Other (explain)):		
4. Does the business lease or rent limou	sines? If yes, please state whether a chauffer	ur/driver is provided when su	ch vehicles are leased or rented.	
5. If the business is a taxi company, are	the taxis used exclusively for leasing or renta	l on all shifts? If not, please e	xplain briefly.	
	the exempted motor vehicles will be used (cl Business use Taxi Limousine serv			
Declaration				
I declare under the pains and penalties they are true.	s of perjury that I have reviewed this applic	cation and the statements I	have made in it and declare that	
Signature	Title	Da	ate	
Mail to: Massachusetts Department of Customer Service Bureau	Revenue			

Customer Service Bureau Motor Vehicle Leasing Certification PO Box 7010 Boston, MA 02204 (617) 887-MDOR