



COMMONWEALTH OF MASSACHUSETTS
Board of Appeal on Motor Vehicle Liability & Bonds
 1000 Washington Street, Suite 810 • Boston, MA 02118-6200
 TEL (617) 521-7794 • FAX (617) 521-7539
<http://www.mass.gov/doi/boa>

APPEAL OF A RULING/DECISION OF THE REGISTRAR OF MOTOR VEHICLES

Please **print legibly** or type:

Name: (First) _____ (Last) _____		Date of Birth: (month/day/year) _____
Address: (Street) _____ (Apt/Unit #) _____ (City) _____ (State) _____ (Zip/Postal Code) _____		
License/Permit/ID#: _____ (State) _____	Social Security #: _____	
Number where you can be reached: _____		

Have you ever had a hearing before the Board of Appeals? Yes: ___ No: ___

Date of Hearing: _____

Do you have any offenses pending in court? Yes: ___ No: ___

If yes, do not apply until your court case is resolved.

Date of suspension: _____

Check Type of Suspension:

- | | |
|--|--|
| <input type="checkbox"/> 30 days for 3 speeding tickets
<input type="checkbox"/> 60 days for 7 surchargeable events
<input type="checkbox"/> 60 days driving to endanger/recklessly
<input type="checkbox"/> JOL Speeding/pass restriction violation
<input type="checkbox"/> Operating after suspension
<input type="checkbox"/> No Insurance
<input type="checkbox"/> (OUI) Operating under the Influence
<input type="checkbox"/> Interlock device
<input type="checkbox"/> (IVO) Interlock violation
<input type="checkbox"/> 4 year loss of Habitual Traffic Offender (HTO)
<input type="checkbox"/> Drug charge
<input type="checkbox"/> Leaving the scene – property damage
<input type="checkbox"/> Leaving the scene - personal injury
<input type="checkbox"/> Immediate threat
<input type="checkbox"/> Medical problem | <input type="checkbox"/> CDL loss
<input type="checkbox"/> Student transport / 7D license
<input type="checkbox"/> Complaint fraudulent license
<input type="checkbox"/> Handicap plate/placard denial
<input type="checkbox"/> Vehicular homicide
<input type="checkbox"/> Driving school
Name: _____
<input type="checkbox"/> Dealer/repair/farm plate
Plate #: _____
<input type="checkbox"/> Inspection station
Station name and PB#: _____
<input type="checkbox"/> Inspector License
<input type="checkbox"/> Other: _____ |
|--|--|

Please attach a copy of your suspension/revocation letter from the RMV
DO NOT USE THIS FORM FOR SURCHARGEABLE ACCIDENT APPEAL

Please attach a **\$50 check or money order** made payable to the Commonwealth of Massachusetts/Division of Insurance. Cash and credit cards are not accepted. This is a **non-refundable filing fee**.

Please mail the completed form to: **License Suspension Appeals
Division of Insurance
1000 Washington St., Suite 810
Boston, MA 02118**

The entire form **MUST** be completed and submitted before a hearing will be scheduled.

Your hearing will be scheduled in the order in which it is received and according to the length of the suspension. There are **no exceptions** in order to be fair to all those filing appeals.

Approximate time frame for a hearing to be scheduled once your appeal has been received:

Suspension period:	Waiting time to be scheduled:
30 day suspension	Approximately 2 weeks
60 day suspension	Approximately 3-4 weeks
4-8 year suspension	Approximately 6-12 weeks
Vehicular homicide	Approximately 6 months
Others	Approximately 6-10 weeks

The Board of Appeals conducts hearings at:

- **Boston:** Division of Insurance, 1000 Washington Street Boston MA 02118
- **Marlboro:** Marlboro District Court, 45 Williams Street Marlboro MA 01752
- **Plymouth:** Plymouth Trial Court, 52 Obery Street Plymouth MA 02360
- **Springfield:** Springfield City Hall, 36 Court Street Springfield MA 01103

You will be notified by mail of the date, time, and location of your hearing. If you have an attorney, it is your responsibility to notify him/her.

Please note:

You must have a hearing with the RMV before filing an appeal with the Board of Appeals.

All Breathalyzer/Chemical Test Refusal (CTR) revocations must be appealed through the court system (District Court) or addressed directly to the RMV. The Board does not have jurisdiction to hear CTR appeals.

If you licensing privileges were revoked by the court, not the RMV, you must appeal to the courts.

License suspensions arising out of the Department of Revenue support proceedings should be appealed to the court where the child support order was issued and registered.

If you have had a hearing before the Board of Appeals before and the hardship license was denied, you cannot reapply for another hearing; unless you are appealing a new suspension.

I reviewed the application form, and hereby appeal the ruling/decision of the Registrar of Motor Vehicles in accordance with Massachusetts General Laws, Ch. 90 sec. 28., and understand that this appeal does not prevent the suspension/revocation from taking place.

Signature: _____ Date: _____