

**September 26-29, 2024 | Sheraton Boston Hotel**



09/28/2024

**RTA Completion**

8:45 AM - 9:45 AM

Kathy Cormier

1 CEU

# RTA Form Completion



# NEW Registration and Title Application Instruction Guide

This guide is meant to assist customers and business partners with the completion of the Registration and Title Application (RTA). The RTA form should be used for the following transactions:

- Register and title a vehicle
- Transfer plate to a new vehicle
- Reinstate a registration
- Apply for a salvage title
- Apply for a title only
- Apply for a registration only
- Transfer a plate between two vehicles
- Register previously titled vehicle
- Title previously registered vehicle
- Transfer vehicle to surviving spouse
- Change plate on existing vehicle with no amendments
- Renew a registration
- Amend a registration

## Information Required

**Trim** – The trim level is a version of the vehicle model, which defines the different features and options (e.g. SL – Standard Level, LE – Luxury Edition) that will be collected to determine accurate vehicle value.

**Owner ID Requirements** – A customer must select and provide proof of the identification document being used for registration purposes. See Section 4 of the instructions for additional detail.

**USDOT Number and TIN** – Motor carriers with vehicles that fall into the categories listed in Section 6 of these instructions were required to obtain a USDOT number under 540 CMR 2.22 (2). The Tax Identification Number (TIN) is either the motor carrier's federal identification number or SSN.

**Garaging Address** – A full garaging address (e.g. street, city, state, zip) will be collected rather than just the city/town to improve excise billing practices. This is the address where the vehicle is physically located or garaged overnight.

**Purchase Information** – The answers to the series of questions in this section of the application will be used to determine the sales tax amount due and whether it is required in situations where the vehicle registration/title is being converted to MA from another state.

Visit [mass.gov/RMV](https://mass.gov/RMV) for a fillable version of this form and for additional information about the documentation required to process Registration and Title transactions.

1

<b>A. Service Type</b>		I want to:	
Select the transaction to be performed. Provide the plate number below if applicable.		<input type="checkbox"/> Register and title a vehicle <input type="checkbox"/> Transfer plate to a new vehicle* <input type="checkbox"/> Reinstate a registration* <input type="checkbox"/> Apply for a salvage title <input type="checkbox"/> Apply for a title only <input type="checkbox"/> Apply for a registration only <input type="checkbox"/> Transfer a plate between two vehicles* <input type="checkbox"/> Register previously titled vehicle <input type="checkbox"/> Title previously registered vehicle* <input type="checkbox"/> Transfer vehicle to surviving spouse*	
Plate Type	Plate Number	<input type="checkbox"/> Apply for a non-resident short-term registration <input type="checkbox"/> Change plate on existing vehicle with no amendments* <input type="checkbox"/> Renew a registration* <input type="checkbox"/> Amend a registration*	
Transactions/Amendments in bold require an insurance stamp.		Select the information to be amended. Enter new information in the section indicated.	
Italicized transactions may require an insurance stamp.		<input type="checkbox"/> Registration Type (B 3.) <input type="checkbox"/> Address (D, E or F) <input type="checkbox"/> Color (B 4.) <input type="checkbox"/> Lessee (E) <input type="checkbox"/> Fuel Type (B 8.) <input type="checkbox"/> Garaging Address (G) <input type="checkbox"/> Total Gross Weight (B 12.) <input type="checkbox"/> Insurance (K) <input type="checkbox"/> Name (D or F) <input type="checkbox"/> Other: _____ <input type="checkbox"/> VIN (B 1.) For vehicles with no MA Title	
Transactions with * require plate type and number above.			

2

<b>B. Vehicle Information</b>		B1. Vehicle Identification Number (VIN)	B2. Body Style
B3. Registration Type: <input type="checkbox"/> Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Bus <input type="checkbox"/> Livery <input type="checkbox"/> Camper <input type="checkbox"/> Trailer <input type="checkbox"/> Taxi <input type="checkbox"/> Motorcycle <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Other: _____		B4. Color(s): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Gray <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Silver <input type="checkbox"/> Gold	
B5. Year	Make	Model	Model# / Trim
B6. Transmission Type: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Other: _____		B7. Number of: Cylinders / Passengers / Doors /    B8. Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Other: _____	
B10. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> School Bus <input type="checkbox"/> School Pupil <input type="checkbox"/> School Pupil/Taxi <input type="checkbox"/> School Pupil/Livery		B11. If carrying passengers for hire, enter max seating capacity _____ B12. Total Gross Weight (Laden) Cannot exceed GVWR _____	

3

<b>C. Title Information</b>		C1. Vehicle Condition <input type="checkbox"/> New <input type="checkbox"/> Used	C2. Previous Title Issue Date (MM/DD/YYYY)
C3. Previous Title Number	Previous Title State	Previous Title Country	
C4. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstructed <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained <input type="checkbox"/> Owner Retained		C5. Primary Salvage Title Brand: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only C6. Secondary Salvage Brand(s): <input type="checkbox"/> Vandalism <input type="checkbox"/> Flood <input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Salt <input type="checkbox"/> Collision <input type="checkbox"/> Other	

4

<b>D. Owner 1 Information</b>		D1. Select Owner(s) Identification Requirement being provided for registration purposes <input type="checkbox"/> MA License/ID <input type="checkbox"/> Out-of-State License <input type="checkbox"/> Social Security Number <input type="checkbox"/> Lawful Presence/ Foreign Unexpired Passport/ Consular ID	
D2. 1st Owner's Name (Last, First, Middle)		D3. Date of Birth (MM/DD/YYYY)	D4. License/ ID/ SSN/ Passport/ Consular ID #
D5. Residential Address    Apt.#    City    State    Zip Code		D6. Where was document from D4 issued?	
D7. Mailing Address <input type="checkbox"/> Same as Residential    Apt.#    City    State    Zip Code		D8. Expiration date of document from D4	
D9. Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work    Phone#			
<b>Owner 2 Information</b>		D10. Select Owner(s) Identification Requirement being provided for registration purposes <input type="checkbox"/> MA License/ID <input type="checkbox"/> Out-of-State License <input type="checkbox"/> Social Security Number <input type="checkbox"/> Lawful Presence/ Foreign Unexpired Passport/ Consular ID	
D11. 2nd Owner's Name (Last, First, Middle)		D12. Date of Birth (MM/DD/YYYY)	D13. License/ ID/ SSN/ Passport/ Consular ID #
D14. Residential Address    Apt.#    City    State    Zip Code		D15. Where was document from D13 issued?	
D16. Mailing Address <input type="checkbox"/> Same as Residential    Apt.#    City    State    Zip Code		D17. Expiration date of document from D13	
D18. Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work    Phone#			

5

<b>E. Lessee Information / In Custody of</b>		
E1. 1st License #/ ID #/ SSN/ FID	E2. 1st Lessee or Corp/Co/Organizations Name	E3. 1st Lessee Address
E4. 2nd License #/ ID #/ SSN/ FID	E5. 2nd Lessee or Corp/Co/Organizations Name	E6. 2nd Lessee Address

Follow through instructions to all sections chronologically to complete the application.



**1 A. Service Type** Select the service you want to process and identify any information you wish to amend. The transactions are listed in the I Want To area of this section. If you select a transaction with an asterisk (\*) next to it you must enter the existing plate type and number in the Plate Type and Plate Number fields.

**I Want To:**

- **Register and title a vehicle** - Select this to apply for new plates and title a newly obtained vehicle. **Complete Sections A-M.**
- **Transfer plate to a new vehicle** - Select this to transfer an existing plate to a newly obtained vehicle with the same owner(s). Plate Type and Plate Number must be entered in Section A. **Complete Sections A-M.**
- **Reinstate a registration** – Select this to pay an outstanding reinstatement fee. This transaction may require an Insurance Stamp. **Complete Sections A, B, D or F, E if leased, G, K and M.**

1

## 1 A. Service Type cont.

- **Apply for a salvage title**- Select this to apply for a Salvage Title.

**Complete Sections A-J, L and M.**

- **Apply for a title only** – Select this to apply for a title with no registration issued. Sales tax may be required. **Complete Sections A-J, L and M.**
- **Apply for a registration only**- Select this to apply for a new plate when no title is required (e.g. trailers less than 3000 lbs or for a Dual Registration). **Complete Sections A-B, D-G and I-M.**  
**NOTE:** *Dual Registration is when motor vehicles or trailers registered in another state need to be registered in MA under the dual registration concept (MGL Chapter 90, Section 3) and display plates from both jurisdictions (as required in MGL Chapter 90, Section 6). This applies to vehicles that meet all of the following conditions:*

- Owned by nonresidents **and** registered in another state
- In the possession of, or under the control of, MA residents for more than 30 days (not necessarily consecutive) within a calendar year period

- **Transfer a plate between two vehicles** - Select this to transfer an existing active plate to another vehicle that is currently titled to the same owner. **Complete Sections A-B, D-G and I-M.**
- **Register a previously titled vehicle** - Select this to add a plate to a vehicle currently titled to the same owner. **Complete Sections A-B, D-G and I-M.**
- **Title a previously registered vehicle** – Select this to apply for a new title on a vehicle that has been previously registered without a title. **Complete Sections A-J and L and M.**
- **Transfer vehicle to a surviving spouse** – Select this when vehicle ownership is transferred to a surviving spouse. The Surviving Spouse transaction is available for passenger vehicles only. If using existing plate, provide Plate Type and Plate Number in Section A. The Affidavit of Surviving Spouse form and a death certificate must be submitted with this transaction. **Complete Sections A-M.**
- **Apply for a non-resident short-term registration** – For a non-resident short-term registration, dealers and insurance agents must select this and complete the RTA. Applicants must also complete a *Non-Resident Short-Term Registration Standalone Insurance Certificate* (available on Mass.Gov/RMV).
- **Change plate on existing vehicle with no amendments** – Select this to change the existing plate to a new plate with no amendments. Provide Plate Type and Plate Number in Section A. If changing to a commercial plate or School Pupil plate, the Total Gross Weight must be recorded in B12. If changing to a Livery or Bus plate, complete B10 and B11. **Complete Sections A, B, D or F, E if leased, G, K and M.**
- **Renew a registration** - Select this to renew a registration. Insurance Stamp may be required if the insurance policy record has not been submitted by the insurance carrier. The following fields can be changed during the renewal: weight, seats, passengers, garage address, color, residential address, mailing address and insurance company. **Complete Sections A, B, D or F, E if leased, G, K and M.**
- **Amend a registration** – Select this to amend information on your Certificate of Registration, including changing your plate. Select the information you are changing and enter the new information in the appropriate section as indicated. **Complete Sections A, B, D or F, E if leased, G, K and M.**

## 2 B. Vehicle Information

**Sections B1 – B8** - Required for all transactions.

- B3 – Registration Type** – When selecting trailer as the registration type, use the Other area to write either Commercial or Personal. **NOTE:** When selecting Camper, if powered, check Camper in B3. If not powered, check Camper and Trailer in B3 and do not complete B7, B8, and B9.
- B4 – Color(s)** – Up to two colors may be selected for a multi-color vehicle. If selecting two colors, indicate colors by marking the color box with a 1 for primary and a 2 for the secondary color.
- B5 – Trim** – The trim level is a version of the vehicle model, which defines the different features and options. (e.g. SL – Standard Level, LE – Luxury Edition)
- B7 - Passengers** - For all “For Hire” vehicles or 7D the number of passengers is the total number of seats including the driver and must match the seat capacity in B11.
- B8- Fuel Type** - “Other” options include Compressed Natural Gas, Convertible, Electric and Diesel, Electric and Gas, Ethanol, Flexible, Hydrogen Fuel Cell, and Methanol.

## 2 B. Vehicle Information cont.

- B9 Odometer** - Enter odometer in miles only. All other units must be converted to miles.

- B10** - If registering a Bus, choose the correct type/use. If choosing DPU, you must submit a valid DPU Certificate.
- B11** - Enter the maximum seating capacity including the driver, for all “For Hire” vehicles or 7D. The fees are based on the total number of seats and will be used to calculate the registration fees.
- B12** - Total Gross Weight (TGW); also known as Registered Weight (RW) – Enter the total gross (full/laden) weight of commercial vehicles or trailers. The TGW/RW cannot exceed the Gross Vehicle Weight Rating (GVWR), which is the maximum weight set by the manufacturer.

## 3 C. Title Information

- Field C1** - Select New or Used. If New is selected, leave the rest of the fields blank.
- C2 – C4** - Required for vehicles selected as Used in C1.
- C5** - Primary Salvage brand- Only required for a Salvage Title.
- C6** - Secondary Salvage brand- Only required for a Salvage Title.

## 4 D. Owner Information (1 and 2)

Complete this section for all transactions that have individual owners. Up to two people can be listed as owners.

- D1** - Select the Owner Identification Requirement being provided for registration purposes. By law (M.G.L. c.90 § 2) a ‘natural person’ applying for a vehicle registration must provide at least one of the following:
  - Unexpired Massachusetts Driver’s License or Massachusetts ID Card Number
  - Unexpired Out-of-State (OOS) Driver’s License (from US or Canada only) - Physical license required if in-person. If owner is not physically present, a color copy of the front and back of the license is required.
  - Your Social Security (SSN) Card - Physical SSN Card must be presented. The card cannot be laminated.
  - Proof of lawful presence, foreign unexpired passport, or consular ID - Must present a foreign unexpired passport, a consular ID, or one of the lawful presence documents listed on mass.gov/ID
- D4, D6, & D8** - Enter the number, place of issuance, and expiration of the identification document that is selected in D1.  
**NOTE:** *The RMV reserves the right to attempt to verify any representations or documents the customer has provided in this Section. Whoever knowingly makes any false statement in an application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations.*

**D9 & D18** - Enter owner’s email address (optional)

**D5 & D14 Residential Address** - The residential address is where the owner resides. If there are two owners, the residential address that displays on the registration will be Owner 1.

**D7 & D16 Owner Mailing Address** - Enter the mailing address if it is different from the residential address. If there are two owners, the mailing address that displays on the registration will be Owner 1. Registration related documents will be mailed to the residential address unless a different address is entered in the owner 1 mailing address fields.

## 5 E. Lessee Information/In Custody of

- E1** - Complete this section if the vehicle is leased or if the vehicle is owned by a non-resident, but in custody of a Massachusetts resident. List the Lessee License, ID, or SSN. If Lessee is a business, list the business FID. Complete the section by listing the lessee name and address.
- E4** - If there are two lessees, complete the 2nd lessee information. The lessee information must match Purchase and Sales Agreement. Up to two lessees can be listed.

**OVER**

### 6 F. Business Owner Information

Complete this section for vehicles owned by a business entity or leasing company. Proof of FID is required if the business entity is not on record. Proof of FID includes 147C, CP575, or Form 2180, all issued by the Internal Revenue Service (IRS).

**F1** – Enter business email address (optional).

**F4 and F5 USDOT# and TIN** - Required for motor carriers operating commercial motor vehicles that are:

- Engaged in interstate commerce (business conducted solely in Massachusetts) having a Gross Vehicle or Gross Combo Weight rating of over 10,000 pounds; or

- Used in the transportation of hazardous materials in quantity requiring placarding; or
- Designed to transport more than 15 passengers, including the driver, used in interstate commerce in Massachusetts

To obtain a USDOT# visit [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)

**F6 – DBA (Doing Business As)** –This field is for Section 5 applicants only. Enter the DBA name.

**F7 – SSN if Sole Proprietor** – When registering vehicles as sole proprietor, proof of FID and the sole proprietor's Social Security (SSN) Card are required.

**F8 Physical Address** – Enter the physical location of the business.

**F9 Mailing Address** – Enter the business mailing address.

### 7 G. Garaging Address

**G1-** The garage address is where the vehicle is physically located or garaged overnight. This address is used to identify which city or town will issue the excise tax bill to the customer.

### 8 H. Lienholder Information

If the vehicle is financed, enter the financial institution's name and address. If the lienholder code is unknown, leave blank.

### 9 I. Sales or Use Tax Schedule

**I1** - When the vehicle is purchased from a licensed motor vehicle dealer, the dealer must complete this section.

**I2** - When the vehicle is purchased directly from an auction the sale price including buyer's premium must be entered. The Dealer must also complete the Sale by Licensed Motor Dealer and Authorized Dealer Signature in Section I1

**I3** - When the vehicle is purchased from someone other than a licensed motor vehicle dealer this section must be completed.

**I4** - When the vehicle is tax exempt this section is completed by the RMV.

### 10 J. Purchase Information

**J1-** The date of purchase for the vehicle being registered/titled must be entered in this section.

**J2-J5** This section must be completed when a person is converting their vehicle from out of state to MA.

### 11 K. Insurance Information

**K1, K2, K3 and K5** - This section is to be completed, signed and stamped by a Massachusetts authorized insurance agent or company. Proof of insurance is required on all transactions with the exception of Salvage Title and Title Only. Proof of insurance MAY be required on renewals, plate reinstatements, and some amendments. The insurance stamp is valid for 30 days.

**K4- Self-Insured** - This section must be completed for all self-insured vehicles. There are 3 instances where self-insured is acceptable. 1) Customer posts a bond with the US Treasurer's Office 2) the entity is a State or Municipal office or 3) the entity is a utility company. The Treasurer's Office will issue a Treasurer's Certificate, which must be submitted at the time of the transaction to register the motor vehicle.

**K5- Policy Change Date** - This section must be completed with the later of 1) the date the vehicle was added to the policy or 2) the date the RTA is stamped.

### 12 L. Seller Information

**L1 and L2** - This section must be completed with the Seller Name and Seller Address.

### 13 M. Certification and Signature of Applicants

All owners are required to sign and date this application.

6	<b>F. Business Owner Information</b>		F1. Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone#		
	F2. EIN/FID	F3. Corp/Co/Organization/Lessor Name		F4. USDOT#	
	F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only		F5. TIN#		
	F7. SSN if Sole Proprietor				
	F8. Physical Address	Apt. #	City	State	Zip Code
7	<b>G. Garaging Address</b> Address where vehicle is principally garaged.				
	G1. Address	Apt. #	City	State	Zip Code
8	<b>H. Lienholder Information</b> The bank, financial institution, or private party that financed your vehicle loan.				
	1st Lien Code	Name	Address		
	2nd Lien Code	Name	Address		
9	<b>I. Sales or Use Tax Schedule</b>		Numbers I1 or I2 must be completed by a licensed dealer. Number I3 must be completed for all casual/private sales. Number I4 is completed for sales tax exemptions by the RMV.		
	<b>I1. Sale by Licensed Motor Dealer</b> Dealer EIN/FID #: _____		<b>I2. Sale by Auction</b>		
	Authorized Dealer's Signature: _____		Sale Price including Buyer's Premium: _____		
	MSRP: _____ Total Sales Price: _____		<b>I3. Sale by Other Than Motor Vehicle Dealer or Auction House (Casual Sale)</b>		
	Less Manufacturers Excise: _____		Gross Sale Price (Proof Required): _____		
10	<b>J. Purchase Information</b>		J1. Purchase Date: _____		
	J2. Is this vehicle being converted from another state with the same owner? If Yes, answer questions J3-J5 below <input type="checkbox"/> Yes <input type="checkbox"/> No				
	J3. MA Resident at Time of Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	J4. Was Mass Sales Tax Previously Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	J5. Proof of Tax or Letter of Delivery provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	J6. Taxable Sales Price: _____ MA Sales Tax Paid: _____				
11	<b>K. Insurance Information</b>				
	The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant herein before named with respect to the motor vehicle herein before described for a period at least coterminous with that of such registration under a motor vehicle liability policy, binder or bond which conforms to the provisions of general laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 113H and Chapter 176E.				
	K1. Insurance Company	K2. Insurance Code			
	K3. Effective Date of Insurance	K4. Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	K5. Policy Change Date				
12	<b>L. Seller Information</b>				
	L1. Seller Name (Please Print)	L2. Address	Apt. #	City	State
13	<b>M. Certification and Signature of Applicant(s)</b> Application not complete without all required signatures.				
	I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Section are true and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commission of perjury under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.				
	Signature: Owner/Lessee 1	Date: _____			
Signature: Owner/Lessee 2	Date: _____				



# Registration and Title Application

## A. Service Type

Select the transaction to be performed.  
Provide the plate number below if applicable.

Plate Type	Plate Number
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Transactions/Amendments in **bold** require an insurance stamp.

*Italicized* transactions may require an insurance stamp.

Transactions with \* require plate type and number above.

### I want to:

- Register and title a vehicle**
- Transfer plate to a new vehicle\***
- Reinstate a registration\**
- Apply for a salvage title
- Apply for a title only
- Apply for a registration only**
- Transfer a plate between two vehicles\***
- Register previously titled vehicle**
- Title previously registered vehicle\*
- Transfer vehicle to surviving spouse\***

- Apply for a non-resident short-term registration**
- Change plate on existing vehicle with no amendments\**
- Renew a registration\**
- Amend a registration\**

Select the information to be amended.

Enter new information in the section indicated.

- Registration Type (B 3.)
- Address (D, E or F)
- Color (B 4.)
- Lessee (E)
- Fuel Type (B 8.)
- Garaging Address (G)
- Total Gross Weight (B 12.)
- Insurance (K)**
- Name (D or F)
- Other: \_\_\_\_\_
- VIN (B 1.) For vehicles with no MA Title**

## B. Vehicle Information

**B1.** Vehicle Identification Number (VIN)

**B2.** Body Style

**B3.** Registration Type:  Passenger  Commercial  Bus  Livery  Camper  
 Trailer  Taxi  Motorcycle  Semi-Trailer  Other: \_\_\_\_\_

**B4.** Color(s):  Black  White  Brown  Blue  Yellow  Gray  
 Purple  Green  Orange  Red  Silver  Gold

**B5.** Year                      Make                      Model                      Model#                      Trim

**B6.** Transmission Type:  Automatic  
 Other: \_\_\_\_\_  Manual

**B7.** Number of: Cylinders / Passengers / Doors  
/ /

**B8.** Fuel Type:  Gas  Electric  Propane  
 Diesel  Hybrid  Other: \_\_\_\_\_

**B9.** Odometer (Miles)

**B10.** Bus:  Regular  DPU  School Bus  School Pupil  
 School Pupil/Taxi  School Pupil/Livery

**B11.** If carrying passengers for hire, enter max seating capacity \_\_\_\_\_

**B12.** Total Gross Weight (Laden)  
*Cannot exceed GVWR* \_\_\_\_\_

## C. Title Information

**C1.** Vehicle Condition  New  Used

**C2.** Previous Title Issue Date (MM/DD/YYYY)

**C3.** Previous Title Number                      Previous Title State                      Previous Title Country

**C4.** Title Type:  Clear  Salvage  Reconstructed  
 Theft  Prior Owner Retained  Owner Retained

**C5.** Primary Salvage Title Brand:  
 Repairable  Parts Only

**C6.** Secondary Salvage Brand(s):  Vandalism  Flood  
 Theft  Fire  Salt  Collision  Other

## D. Owner 1 Information

**D1.** Select Owner(s) Identification Requirement being provided for registration purposes  MA License/ID  
 Out-of-State License  Social Security Number  Lawful Presence/ Foreign Unexpired Passport/ Consular ID

**D2.** 1st Owner's Name (Last, First, Middle)                      **D3.** Date of Birth (MM/DD/YYYY)                      **D4.** License/ ID/ SSN/ Passport/ Consular ID #

**D5.** Residential Address                      Apt.#                      City                      State                      Zip Code                      **D6.** Where was document from D4 issued?

**D7.** Mailing Address  Same as Residential                      Apt.#                      City                      State                      Zip Code                      **D8.** Expiration date of document from D4

**D9.** Email                       Cell  Home  Work                      Phone#

## Owner 2 Information

**D10.** Select Owner(s) Identification Requirement being provided for registration purposes  MA License/ID  
 Out-of-State License  Social Security Number  Lawful Presence/ Foreign Unexpired Passport/ Consular ID

**D11.** 2nd Owner's Name (Last, First, Middle)                      **D12.** Date of Birth (MM/DD/YYYY)                      **D13.** License/ ID/ SSN/ Passport/ Consular ID #

**D14.** Residential Address                      Apt.#                      City                      State                      Zip Code                      **D15.** Where was document from D13 issued?

**D16.** Mailing Address  Same as Residential                      Apt.#                      City                      State                      Zip Code                      **D17.** Expiration date of document from D13

**D18.** Email                       Cell  Home  Work                      Phone#

## E. Lessee Information / In Custody of

**E1.** 1st License #/ ID #/ SSN/ FID                      **E2.** 1st Lessee or Corp/Co/Organizations Name                      **E3.** 1st Lessee Address

**E4.** 2nd License #/ ID #/ SSN/ FID                      **E5.** 2nd Lessee or Corp/Co/Organizations Name                      **E6.** 2nd Lessee Address

<b>F. Business Owner Information</b>		F1. Email _____		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Phone# _____
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F2. EIN/FID _____	F3. Corp/Co/Organization/Lessor Name _____	F4. USDOT# _____	F5. TIN# _____
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F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only _____	F7. SSN if Sole Proprietor _____
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F8. Physical Address _____	Apt.# _____	City _____	State _____	Zip Code _____
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F9. Mailing Address _____	<input type="checkbox"/> Same as Physical Address	Apt.# _____	City _____	State _____	Zip Code _____
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**G. Garaging Address** Address where vehicle is principally garaged.

G1. Address _____	Apt.# _____	City _____	State _____	Zip Code _____
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**H. Lienholder Information** The bank, financial institution, or private party that financed your vehicle loan.

1st Lien Code _____	Name _____	Address _____
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2nd Lien Code _____	Name _____	Address _____
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3rd Lien Code _____	Name _____	Address _____
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**I. Sales or Use Tax Schedule** Numbers I1 or I2 must be completed by a licensed dealer. Number I3 must be completed for all casual/private sales. Number I4 is completed for sales tax exemptions by the RMV.

<b>I1. Sale by Licensed Motor Dealer</b> Dealer EIN/FID#: _____ Authorized Dealer's Signature: _____ MSRP: _____ Total Sales Price: _____ Less Manufacturers Excise: _____ Trade-In 1 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Trade-In 2 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Taxable Sales Price: _____ MA Sales Tax Paid: _____	<b>I2. Sale By Auction</b> Sale Price including Buyer's Premium: _____ <b>I3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale)</b> Gross Sale Price (Proof Required): _____ MA Sales/Use Tax: _____ Out of State Sales Tax Previously Paid: _____ State that Sales Tax was Paid to: _____ <b>I4. Claim Exemption Code</b> _____ Form Attached (If Required)
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**J. Purchase Information** J1. Purchase Date: \_\_\_\_\_ J2. Is this vehicle being converted from another state with the same owner? If Yes, answer questions J3-J5 below  Yes  No

J3. MA Resident at Time of Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	J4. Was Mass Sales Tax Previously Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	J5. Proof of Tax or Letter of Delivery provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**K. Insurance Information**

K1. Insurance Company _____		The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant herein before named with respect to the motor vehicle herein before described for a period at least coterminous with that of such registration under a motor vehicle liability policy, binder or bond which conforms to the provisions of general laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 113H and Chapter 175E.
K2. Insurance Code _____	K3. Effective Date of Insurance _____	
K4. Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	K5. Policy Change Date _____	

**L. Seller Information** \_\_\_\_\_ Insurance Company's Authorized Representative's Signature

L1. Seller Name (Please Print) \_\_\_\_\_

L2. Address _____	Apt.# _____	City _____	State _____	Zip Code _____
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**M. Certification and Signature of Applicant(s)** Application not complete without all required signatures.

I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Section are true and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commission of perjury under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 \_\_\_\_\_ Date: \_\_\_\_\_

Signature: Owner/Lessee 2 \_\_\_\_\_ Date: \_\_\_\_\_