



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***

☐ *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.

- | | |
|---|---|
| <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.) <i>For vehicles with no MA Title</i> | |

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	B6. Make	B7. Model	B8. Model#	B9. Trim
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B6. Transmission Type: <input type="checkbox"/> Automatic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Manual	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: _____	B9. Odometer (Miles)
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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) <i>Cannot exceed GVWR</i> _____
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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
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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
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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 <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#		

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 <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#		

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

F. Business Owner Information		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#	F5. TIN#
F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only				F7. SSN if Sole Proprietor	
F8. Physical Address		Apt.#	City	State	Zip Code
F9. Mailing Address	<input type="checkbox"/> Same as Physical Address	Apt.#	City	State	Zip Code
G. Garaging Address Address where vehicle is principally garaged.					
G1. Address		Apt.#	City	State	Zip Code
H. Lienholder Information The bank, financial institution, or private party that financed your vehicle loan.					
1st Lien Code	Name		Address		
2nd Lien Code	Name		Address		
3rd Lien Code	Name		Address		
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.			
I1. Sale by Licensed Motor Dealer EIN/FID#: _____		I2. Sale By Auction			
Authorized Dealer's Signature: _____		Sale Price including Buyer's Premium: _____			
MSRP: _____ Total Sales Price: _____		I3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale)			
Less Manufacturers Excise: _____		Gross Sale Price (Proof Required): _____			
Trade-In 1 VIN: _____ Less Trade-In Allowance: _____		MA Sales/Use Tax: _____			
Year: _____ Make: _____ Model: _____		Out of State Sales Tax Previously Paid: _____			
Trade-In 2 VIN: _____ Less Trade-In Allowance: _____		State that Sales Tax was Paid to: _____			
Year: _____ Make: _____ Model: _____		I4. Claim Exemption Code _____			
Taxable Sales Price: _____ MA Sales Tax Paid: _____		Form Attached (If Required)			
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 <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		
K. Insurance Information			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. BY Insurance Company's Authorized Representative's Signature		
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				
L. Seller Information					
L1. Seller Name (Please Print)					
L2. Address		Apt.#	City	State	Zip Code
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: _____	
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