



Registration and Title Application

A. Service Type

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

Plate Type Plate Number

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.

- 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 **B7.** Number of: Cylinders / Passengers / Doors **B8.** Fuel Type: Gas Electric Propane **B9.** Odometer (Miles)
 Other: _____ Manual / / Diesel Hybrid Other: _____

B10. Bus: Regular DPU School Bus School Pupil **B11.** If carrying passengers for hire,
 School Pupil/Taxi School Pupil/Livery 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 **C5.** Primary Salvage Title Brand: Vandalism Flood
 Theft Prior Owner Retained Owner Retained **C6.** Secondary Salvage Brand(s): 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

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 Sale Price including Buyer's Premium: _____		
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: _____				
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				
K1. Insurance Company ALLSTATEINSURANCE 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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