



# 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.

- |   |   |
|---|---|
| <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"/> <b>Insurance</b> (K) |
| <input type="checkbox"/> <b>Name</b> (D or F)                                   | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> <b>VIN</b> (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

<b>B5.</b> 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 #

<b>D5.</b> Residential Address	Apt.#	City	State	Zip Code
--------------------------------	-------	------	-------	----------

**D6.** Where was document from D4 issued?

<b>D7.</b> Mailing Address	<input type="checkbox"/> 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 #

<b>D14.</b> Residential Address	Apt.#	City	State	Zip Code
---------------------------------	-------	------	-------	----------

**D15.** Where was document from D13 issued?

<b>D16.</b> Mailing Address	<input type="checkbox"/> 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#			
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
<b>G. Garaging Address</b> Address where vehicle is principally garaged.					
G1. Address		Apt.#	City	State	Zip Code
<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		
3rd Lien Code	Name		Address		
<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.			
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)			
<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		
<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 175E.		
K1. Insurance Company ALLSTATEINSURANCE COMPANY		ALLSTATEINSURANCE COMPANY  BY Insurance Company's Authorized Representative's Signature			
K2. Insurance Code	K3. Effective Date of Insurance				
K4. Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	K5. Policy Change Date				
<b>L. Seller Information</b>					
L1. Seller Name (Please Print)					
L2. Address		Apt.#	City	State	Zip Code
<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: _____	
TTLREG100_0123					