



# 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"/> 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 |   |

## 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  Repairable  Parts Only **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

|  |   |  |                                   |  |
|--|---|--|-----------------------------------|--|
| <b>F. Business Owner Information</b>   |   | <b>F1. Email</b><br><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work   Phone#   |                                   |  |
| <b>F2. EIN/FID</b>   | <b>F3. Corp/Co/Organization/Lessor Name</b> |  | <b>F4. USDOT#</b>                 | <b>F5. TIN#</b>  |
| <b>F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only</b>  |   |  | <b>F7. SSN if Sole Proprietor</b> |  |
| <b>F8. Physical Address</b>  |   | Apt.#  | City                              | State Zip Code   |
| <b>F9. Mailing Address</b>   |   | <input type="checkbox"/> Same as Physical Address  | Apt.#                             | City State Zip Code  |
| <b>G. Garaging Address</b> Address where vehicle is principally garaged.   |   |  |                                   |  |
| <b>G1. Address</b>   |   | 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. |                                   |  |
| <b>I1. Sale by Licensed Motor Dealer EIN/FID#:</b> _____   |   | <b>I2. Sale By Auction</b><br>Sale Price including Buyer's Premium: _____  |                                   |  |
| <b>Authorized Dealer's Signature:</b> _____  |   |  |                                   |  |
| MSRP: _____ Total Sales Price: _____   |   | <b>I3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale)</b><br>Gross Sale Price (Proof Required): _____  |                                   |  |
| Less Manufacturers Excise: _____   |   | MA Sales/Use Tax: _____  |                                   |  |
| Trade-In 1 VIN: _____ Less Trade-In Allowance: _____   |   | Out of State Sales Tax Previously Paid: _____  |                                   |  |
| Year: _____ Make: _____ Model: _____   |   | State that Sales Tax was Paid to: _____  |                                   |  |
| Trade-In 2 VIN: _____ Less Trade-In Allowance: _____   |   | <b>I4. Claim Exemption Code</b> _____  |                                   |  |
| Year: _____ Make: _____ Model: _____   |   | Form Attached (If Required)  |                                   |  |
| <b>J. Purchase Information</b>   |   | <b>J1. Purchase Date:</b> _____  |                                   | <b>J2. Is this vehicle being converted from another state with the same owner?</b><br>If Yes, answer questions J3-J5 below<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| J3. MA Resident at Time of Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | <b>J4. Was Mass Sales Tax Previously Paid?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   | <b>J5. Proof of Tax or Letter of Delivery provided?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>K. Insurance Information</b>  |   |  |                                   |  |
| K1. Insurance Company<br>Government Employees 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.   |   |  |                                   |  |
| <b>Government Employees Insurance Company</b>  |   |  |                                   |  |
| BY _____   |   |  |                                   |  |
| Insurance Company's Authorized Representative's Signature _____  |   |  |                                   |  |
| 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   |   |  |                                   |  |