

October 20-23, 2022 I Westin Boston Seaport District

10/22/2022

RTA Form Completion

10:00AM -11:00AM Kathy Cormier CEUs: 1

RTA Form Completion





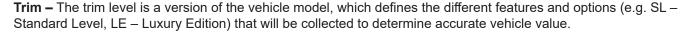
NEW Registration and Title Application Instruction Guide

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



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 for a fillable version of this form and for additional information about the documentation required to process Registration and Title transactions.

Plate Type	nber below if applicable. Plate Number ments in bold require an may require an	Reinstate a ra Apply for a sa Apply for a tit Apply for a ra Transfer a pl Register pre	te to a new vehicle* egistration* alvage title	an Re An Re In Re In	nange plate on existing vi- nendments* neme a registration* the information to be an new information in the si Registration Type (B 3.) Color (B 4.) Fuel Type (B 8.) Total Gross Weight (B 12.) Name (D or F) VIN (B 1.) For vehicles in	mended. ection indicated.)
B. Vehicle Inform			fication Number (VIN			B2. Body Style
	Passenger ☐ Comn☐ ☐ Motorcycle ☐ Semi-			B4. Color(s): ☐ Blac ☐ Purp	k White Brown ble Green Orange	☐ Blue ☐ Yellow ☐ Gray ☐ Red ☐ Silver ☐ Gold
B5. Year Ma	ake	Model		Model#	Trim	n
B6. Transmission Typ ☐ Other:	e: Automatic B7. Nur	mber of: Cylinders	/ Passengers / Doors		Gas	ppane B9. Odometer (Miles)
B10. Bus: ☐ Regular	□ Manual □ □ DPU □ School Bus Pupil/Taxi □ School Pupi		B11. If carrying passer enter max seating cap	ngers for hire,	B12. Total Gross Weigh Cannot exceed GVWR	
C. Title Informat	ion	C1. Vehicle Con	dition New U	Ised C2. Previou	us Title Issue Date (MM/D	DD/YYYY)
C3. Previous Title Nur	mber	Previous Title Stat	e	Previous Ti	tile Country	
C4. Title Type: ☐ Clea		constructed C5	e . Primary Salvage Titl Repairable □ Part	e Brand: C6. Secon	idary Salvage Brand(s): [☐ Vandalism ☐ Flood ☐ Collision ☐ Other
C4. Title Type: ☐ Clea	ar □ Salvage □ Red	constructed C5	. Primary Salvage Titl	e Brand: C6. Secon	idary Salvage Brand(s): [
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Follow through instructions to all sections chronologically to complete the application.

1-2-3-4-5-6-7-8-9-10-11-12-13

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.

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
- · 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 that is 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. This transaction may be common on smaller trailers where the gross weight is increasing. 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, please 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.
- Change plate on existing vehicle with no amendments Select this to change the existing plate to a new plate with no amendments. Please 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.

9 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.

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.

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.

1 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.

- $\mbox{\bf D1}$ Select the Owner Identification Requirement being provided for registration purposes. By law (M.G.L. c.90 \S 2) a 'natural person' applying for a vehicle registration must provide at least one (1) of the following:
- Unexpired Massachusetts Driver's License or Massachusetts ID Card Number – Number will be verified by the RMV.
- Unexpired Out-of-State (OOS) or Out-of-Country (OOC) Driver's License
 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 Must present one of the documents listed on mass.gov/ID
- **D4, D6, & D8 -** Enter the number, state/country 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. The residential address must be a MA address. 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 (I.E., the registration, suspension/revocation notices, excise tax bills etc.) will be mailed to the residential address unless a different address is entered in the owner 1 mailing address fields.

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

2)

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 intrastate 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 intrastate commerce in Massachusetts

To obtain a USDOT# visit 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.

		F1. Email			☐ Ce ll ☐ Home ☐ Work	Phone#
F. Business Owner In						
F2. EIN/FID	F3. Corp/Co/O	Organization/Lesso	r name		F4. USDOT#	F5. TIN#
F6. DBA Dealer - Farmer - O	C - Repair - and	Transporter use o	nly		F7. SSN if Sole F	Proprietor
8. Physical Address		Apt.#	City		State Z	ip Code
F9. Mailing Address 🗌 Sam	e as Physical Ado	dress Apt.#	City		State Z	ip Code
G. Garaging Address G1. Address	Address where	e vehicle is princi	City		State Z	ip Code
on. Address		7.40.11	Oity		Oldio 2	ip Godo
H. Lienholder Informa	ition The bank	k, financial institutio	on, or private party t	hat financed	your vehicle loan.	
1st Lien Code	Name		Address			
2nd Lien Code	Name		Address			
3rd Lien Code	Name		Address			
1 1 1 1 1			71441000			
I. Sales or Use Tax Se	chedule				sed dealer. Number I3 must for sales tax exemptions by the	
I1. Sale by Licensed Motor	Dealer Dealer B	EIN/FID #:			Sale By Auction	
Authorized Dealer's Signat					le Price including Buyer's Pre	
MSRP: Less Manufacturers Excise:	Total Sales	Price:		(Ca	Sale By Other Than Motor \ asual Sale)	
Trade-In 1 VIN:		Less Trade	-In Allowance:		oss Sale Price (Proof Require Sales/Use Tax:	d):
Year:	_ Make:	Model:			t of State Sales Tax Previous	lv Paid:
Trade-In 2 VIN:		Less Trade	In Allowance:		ate that Sales Tax was Paid to	
Year:	_ Make:	Model:		14.	Claim Exemption Code	
Taxable Sales Price:	MA Sales	Tax Paid:		For	rm Attached (If Required)	
	1					
J. Purchase Informati	on J1. Purchas	se Date:			ehicle being converted from a ver questions J3-J5 below	nother state with the s
J3. MA Resident at Time of Purchase? ☐ Yes		4. Was Mass Sale ax Previously Paid		No	J5. Proof of Tax or Letter of Delivery provided?	☐ Yes ☐ No
K. Insurance Informat	ion			The company performance	y signatory hereto hereby certifies that by the applicant herein before named e described for a period at least cotern	it has or will insure or guarar with respect to the motor veh
K1. Insurance Company				motor vehicle Chapter 175,	e liability policy, binder or bond which o , Section 113A, and that the premium of	conforms to the provisions of charge and classification on the
K2. Insurance Code	K3. Effect	tive Date of Insura	nce	date of regist	tration are as established by the comm 3, 113H and Chapter 175E.	issioner of insurance under 0
K4. Self Insured? Yes	No K5. Policy	/ Change Date				
	,					
				Insu	rance Company's Authorized	Representative's Sign
				Insu	rrance Company's Authorized	Representative's Sign
L. Seller Information	nt)			Insu	rrance Company's Authorized	Representative's Sign
L1. Seller Name (Please Pri	int)			Insu		
	int)	Apt.#	City	Insu		Representative's Sign
L1. Seller Name (Please Pri L2. Address		·	· ·		State Z	
L1. Seller Name (Please Pr L2. Address M. Certification and S	ignature of A	Applicant(s)	Application not co	omp l ete withc	State Z but all required signatures.	^z ip Code
L1. Seller Name (Please Pr L2. Address M. Certification and S I/We the applicants hereby or incurred by the applicant(s), i	ignature of A	Applicant(s) enalties of perjury ne applicant's imm	Application not co that there are no ou ediate family who is	omplete withoutstanding existending existe	State Z but all required signatures. cise tax liabilities on the vehic t the applicant's household or	Ip Code de described above the the business partner
L1. Seller Name (Please Pr L2. Address M. Certification and S I/We the applicants hereby or incurred by the applicant(s), applicant(s). The RMV registration of a motor registration of a motor of a	ignature of A ertify under the pe any member of the ves the right to ve victe is subject to	Applicant(s) enalties of perjury en applicant's imm en applicant's imm prosecution and a	Application not or that there are no ou ediate family who is ations or documents a fine and/or impriso	omplete without standing exited a member of a member of the surprovided symment upon of the surprovided symmetry upon of the surprovided sy	State Z but all required signatures. clise tax liabilities on the vehic f the applicant's household or . Whoever knowingly makes. conviction (M. G.L. G.90, §24).	le described above the the business partner any false statement in The Registrar may als
L1. Seller Name (Please Pr L2. Address M. Certification and S I/We the applicants hereby or incurred by the applicant(s), applicant(s). The RMV reserved for registration of a motor well and registration obtained by the second s	ignature of A ertify under the pe any member of th ves the right to ve itale is subject to false statements o	Applicant(s) enalties of perjury ne applicant's imm prify any represent prosecution and a or misrepresentati	Application not co that there are no ou ediate family who is ations or documents a fine and/or impriso ons. I hereby affirm	omplete withcuststanding exast a member of syou provide noment upon under the pe	State 2 but all required signatures. cise tax liabilities on the vehicl f the applicant's household or . Whoever knowingly makes. conviction (M.G.L. c.90, §24), nalty of perjury that the repre	Ip Code le described above the the business partner any false statement in The Registrar may alk sentations and/or dock
L1. Seller Name (Please Pr L2. Address M. Certification and S I/We the applicants hereby or incurred by the applicant(s), applicant(s). The RMV registration of a motor registration of a motor of a	ignature of A ertify under the pe any member of th ves the right to ve nicle is subject to false statements of are true and acc	enalties of perjury ne applicant's imm prify any represent prosecution and a or misrepresentati curate. I further un	Application not or that there are no or ediate family who is ations or documents fine and/or impriso ons. I hereby affirm derstand that falsely	omplete with utstanding ex- a member or s you provide noment upon under the pe- affirming to .	State Z but all required signatures. cise tax liabilities on the vehic the applicant's household or. Whoever knowingly makes. conviction (M.G.L. c.90, §24). nally of perjury that the repre any matter required by the R any matter required by the R	Ip Code Ie described above th the business partner any false statement in The Registrar may all sentations and/or dock
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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.

H. Lienholder Information

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

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
- 13 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.

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.

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.

1. Seller Information

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

M. Certification and Signature of Applicants

All owners are required to sign and date this application.





Registration and Title Application

A. Service Type	I want to: Change plate on existing amendments*	vehicle with no
Select the transaction to be performed. Provide the plate number below if applicable.	☐ Transfer plate to a new vehicle* ☐ Reinstate a registration* ☐ Amend a registration*	
Plate Type Plate Number	☐ Apply for a salvage title Select the information to be a Enter new information in the select the information in the select the information in the select the information to be a Enter new information in the select the information to be a Enter new information in the select the information to be a Enter new information in the select the information to be a Enter new information to be a Enter new information in the select the select the select the information in the select the select the select	section indicated.
Transactions/Amendments in bold require an insurance stamp.	☐ Apply for a registration only ☐ Color (B 4.) ☐ Transfer a plate between two vehicles* ☐ Fuel Type (B 8.)	Lessee (E) Garaging Address (G)
Italicized transactions may require an insurance stamp.	Register previously titled vehicle Total Gross Weight (B 12.	
Transactions with * require plate type and number above.	☐ Title previously registered vehicle* ☐ Name (D or F) ☐ Transfer vehicle to surviving spouse* ☐ VIN (B 1.) For vehicles with	
B. Vehicle Information	B1. Vehicle Identification Number (VIN)	ody Style
B3. Registration Type: ☐ Passenger ☐ Commercia☐ Trailer ☐ Taxi ☐ Motorcycle ☐ Semi-Trailer	Bus Livery Camper B4. Color(s): Black White Brown Purple Green Orange	Blue Yellow Gray Red Silver Gold
B5. Year Make	Model Model#	Trim
Other: Manual	f: Cylinders / Passengers / Doors B8. Fuel Type: Gas Electric Proposition Proposition Gas Other:	
B10. Bus: Regular DPU School Bus School Pupil/Taxi School Pupil/Liv	enter may agating capacity Cannot exceed Cl	
C. Title Information	C1. Vehicle Condition New Used C2. Previous Title Issue Da	te (MM/DD/YYYY)
C3. Previous Title Number	Previous Title State Previous Title Country	
,	onstructed	alt Collision Other
D. Owner 1 Information	D1. Select Owner(s) Identification Requirement being provided for registration p ☐ Out-of-State License ☐ Out-of-Country License ☐ Social Security Num	
D2. 1st Owner's Name (Last, First, Middle)	D3. Date of Birth (MM/DD/YYYY) D4. License#/ ID#/	SSN
D5. Residential Address	Apt.# City State Zip Code D6. State/Country of	of License/ID
D7. Mailing Address Same as Residential	Apt.# City State Zip Code D8. Exp. Date of Li	cense/ ID/ Lawful Presence
D9. Email	Cell Home Work Phone#	
Owner 2 Information	10. Select Owner(s) Identification Requirement being provided for registration pu Out-of-State License ☐ Out-of-Country License ☐ Social Security Num	
D11. 2nd Owner's Name (Last, First, Middle)	D12. Date of Birth (MM/DD/YYYY) D13. License#/ ID#	/ SSN
D14. Residential Address	Apt.# City State Zip Code D15. State/Country	of License/ID
D16. Mailing Address Same as Residential	Apt.# City State Zip Code D17. Exp. Date of I	icense/ ID/ Lawful Presence
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 Add	Iress

F. Business Owner Inf	F1. Email Cell Home Work Phone#										
F2. EIN/FID	F3. Corp/	F3. Corp/Co/Organization/Lessor Name					F4. USDOT#	F5. TIN#			
F6. DBA Dealer - Farmer - OC	C - Repair	- and Transp	orter use or	nly				F7. SSN if Sole Pr	oprietor		
F8. Physical Address				Apt.#		City	State	Zip C	ode		
F9. Mailing Address Same as Physical Address				Apt.#		City	State	Zip C	ode		
G. Garaging Address	Address v	here vehicle	e is principal	ly garaged.							
G1. Address				Apt.#		City	State	Zip C	ode		
H. Lienholder Informati	tion Th	e bank, fina	ncial instituti	on, or privat	e party	that financed	your vehicle loan.				
1st Lien Code	Name			ŀ	Address						
2nd Lien Code	Name			P	Address						
3rd Lien Code	Name			F	Address						
I. Sales or Use Tax Scl	hedule							per I3 must be comp	leted for all casual/		
I1. Sale by Licensed Motor	Dealer El	N/FID#:			I2. S	ale By Auctio					
Authorized Dealer's Signatu	ıre:				Sale	Price includir	ng Buyer's Premium	:			
MSRP:Total S	Sales Price	:			13. S				n House (Casual Sale)		
Less Manufacturers Excise:_					-	Gross Sale Price (Proof Required):					
Trade-In 1 VIN:	Le	ess Trade-In	Allowance: _		_	MA Sales/Use Tax:					
Year:Make:	M	odel:			-	Out of State Sales Tax Previously Paid:					
Trade-In 2 VIN:	Le	ess Trade-In	Allowance:		State	State that Sales Tax was Paid to:					
Year: Make:	M	odel:									
Taxable Sales Price:	MA Sales	Tax Paid:			Forn -	n Attached (If	Required)				
J. Purchase Information	on ^{J1.}	Purchase D	ate:			If Yes, answe	er questions J3-J5 b	elow Ye	e with the same owner?		
J3. MA Resident at Time of Purchase?	☐ No		as Mass Sal eviously Pai		Yes	☐ No	J5. Proof of Tax of of Delivery provide	YE	s No		
K. Insurance Informati	on					by the applicar	nt herein before named wit	h respect to the motor veh	ure or guarantee performance icle herein before described		
K1. Insurance Company						binder or bond that the premiu	which conforms to the proum charge and classification	ovisions of general laws, C on on the effective date of i	r a motor vehicle liability policy, napter 175, Section 113A, and egistration are as established 8, 113H and Chapter 175E.		
K2. Insurance Code		K3 . Effective of Insurance				by the definition	Signal of insurance under	Onapter 170, Oscilon 1702	, Trott and Onaplet 1702.		
K4. Self Insured? Yes	☐ No	K5 . Policy Change Da	ate								
L. Seller Information						Insu	rance Company's A	uthorized Represent	ative's Signature		
L1. Seller Name (Please Print	t)										
L2. Address				Apt.#		City	State	Zip C	ode		
M. Certification and Si	gnature	of Applic	cant(s)	Application	n not co	mplete withou	ıt all required signat	ures.			
I/We the applicants hereby certifincurred by the applicant(s), any The RMV reserves the right to womotor vehicle is subject to prose false statements or misrepresen and accurate. I further understar under Chapter 90, Section 28 ar	member of erify any restriction and tations. I had that falso	f the applica presentation a fine and/o ereby affirm ely affirming	nt's immediants or documents or documents or imprisonments on the period any matternative series.	ate family whents you provent upon con ent upon con enalty of perjer er required by	o is a mode. Whe wiction (ary that	ember of the a loever knowing M.G.L. c.90, § the representa	applicant's househol gly makes any false §24). The Registrar r ations and/or docum	d or the business pa statement in applica nay also revoke any ents I have provided	rtner of the applicant(s). tion for registration of a registration obtained by in this Section are true		
Signature: Owner/Lessee 1_								Date:			
Signature: Owner/Lessee 2_								Date:	TTLREG100_1119		

Thanks for attending!!

Remember, I'm just a phone call or email away:

Kathy S. Cormier
MAIA, Member Relations Advocate
kcormier@massagent.com
508-634-2900 (Office)

508-634-7353 (Direct)