REGISTRY OF MOTOR VEHICLES
P. O. BOX 199100
ROXBURY, MA 02119-9100

REGISTRATION NUMBER	YEAR	MAKE

VEHICLE IDENTIFICATION NUMBER

Please Print

APPLICATION FOR:

- ☐ Duplicate Certificate of Registration
- ☐ Duplicate Plate(s)
- ☐ Plate Return Receipt
- ☐ Duplicate Plate Return Receipt
- ☐ Certified Copy of Records
- ☐ Other

STATE REASON FOR REQUEST:

OWNER'S NAME: _____
last first middle initial

ADDRESS: _____
number street

_____
city or town state zip

I affirm that all statements herein are true to the best of my knowledge and belief. (False statements are punishable by fine, imprisonment, or both)

20047 _____ Date _____ Signature