A UggUW i gYltg'8 YdUfla YbhcZHf	3. Number of Documents R		□RO (R	egistration Only)	RX (Registration Transfer)		
######################################		<b>4.</b> □ST (Salvage Title)			gistration & Title)	☐TAR (Title Add Registration)	
1. REG. EFF. DATE 2. REG. EXP. DATE		☐TO (Title (	7 '		ummer/Winter Swap)	□SS (Surviving Spouse)	
Registration/Vehicle Information 5. Plate	Type 6	. Registration Nur		7. Previous Title		8. State	
9. Type of Registration: □ Passenger □ Bus □ Taxi □ Trailer □ Auto Home □ Semi-Trailer □ Motorcycle	Livery <b>C</b> o	mmercial 1	<b>0.</b> Vehicle Ider	ntification Num	oer:		
11. Year   12. Make   13. Model Name   14. Model #   1	5. Body Style	<b>16.</b> Circle Color 3-Brown 4-Red				Cylinders/Passengers/Doors/Wheels	
18. Transmission 19. Total Gross Weight (Laden) 20. Motor Powe			. Bus: Regu	ılar 🗖 DTE 🗖	Livery Taxi Scho	ol Pupil	
□ Automatic □ Diesel	□Propane □		, 01		ax no of passengers tha		
☐ Hybrid  22. Owner #1 MA License. Us	Other					ool district?  Yes No	
Owner Information 22. Owner #T WAY Elcense. Os	SC 3314 II OUL-01-30	23. OWNER #2	WW LICENSE.	33C 33I V II OUL-C	1-state 24. Ell VI ID II (3	cc block 23)	
25. Owner # 1 Name (Last, First, Middle)					26. Owner # 1 Date of Birth		
27. Owner # 2 Name (Last, First, Middle)					<b>28.</b> Owner # 2 Date of	of Birth	
29. Corp/Co/Organization Name (see block 24)					30. City/Town Where	Vehicle is Principally Garaged:	
31. Mailing Address		City		State	Zip Code	2	
		,					
<b>32.</b> Residential Address		City		State	Zip Code	2	
33A. Lessee's MA License Number or EIN/FID Number. If out-of-s	state Lessee, use S	SSN and date of b	irth. <b>33B.</b>	Lessee's Name:			
M M D I	D Y Y						
<b>34.</b> Lessee's Address, City, State, and Zip Code						se Tax Schedule	
Title Data 35. Date of Purchase	<b>36.</b> Odomete	er Reading			. SALE BY LICENSED M DOR-Registered Dealer	NOTOR VEHICLE DEALER	
					Sale Price	\$	
37. □New Vehicle 38. Title Type: □Clear □Salvage		☐ Reconstructed		justed for dealer's discount and manufacturer's rebate)			
Used Vehicle Owner Retained	Theft	Prior Owner R	Retained	Less	Manufacturer's Excise	\$	
39. Primary Salvage Title Brands: 40. Secondary Sa  ☐ Repairable ☐ Parts Only	Ivage Brand(s)			Net :	Sales Price	\$	
	Date of 1st Lien	<b>42.</b> Dat	e of 2nd Lien	Less	Trade-in Allowance For	: \$	
1/we certify that all liens on this vehicle are listed below 43. First Lienholder Code 44. Name				Yr	Make	Model	
					e-in VIN		
45. Lienholder's Address					ble Sales Price	**************************************	
					% Sales Tax	\$	
<b>46.</b> Second Lienholder Code <b>47.</b> Name						AAOTOR VEHICLE DEALER	
48. Lienholder's Address					B. SALES BY OTHER THAN MOTOR VEHICLE DEALER  Gross Sales Price (Proof Required) \$		
Insurance Certification  The company signatory hereto he hereinbefore named with respect				plicant	% Sales/Use Tax	\$	
that of such registration under a motor vehicle liability policy, binder or bond which conforms to charge and classification on the effective date of registration are as established by the commission	the provisions of general	laws, Chapter 175, Section	113A, and that the p	remium		OM TAX CODE:	
49A. Policy Effective Date:					Form Attached (if required)		
,					npt Organization Certifi		
Policy Change Date:  49B. Manual Class: 49C. Ins. Company & Code:					Fee Ir	nformation	
insurance in the second	ce Co's Authorized	Representative's Sig	nature (Origina	Only) 57.	Reg: \$	Payment:	
Signatures  1/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described share that have been incurred by the applicant of the applicant in the penalties of the applicant of the					Title: \$	Cash	
described above that have been incurred by the applicant(s), any member of the applicants immediate family who is a member of the applicant shousehold or the business partner of the applicant(s). I/We hereby further certify that all information contained in this application is true and correct to the best of my knowledge and belief. I/We understand that false statements are punishable by fine, imprisonment or both.					Tax: \$		
and correct to the best of my knowledge and belief. I/We understand that false statements a <b>50.</b> Signature of Owner From Block 25 or 29. If owner is listed in B		manriconnecet - 1 d			DOI 6	☐ EFT/ CC	
O .	re punishable by fine, i		ne.		P&I: \$		
	re punishable by fine, i		ne.		P&I: \$ Total: \$		
51. Signature of 2nd Owner From Block 27.	re punishable by fine, i		ne.				
	re punishable by fine, i	nust also print nam	ne.	58.	Total: \$	Clerk ID:	

A UggUW i gYh	g 8 YdUfha YbhicZHfUbgdcfhUhjcb	3. Number of Documents	RO (Registration Only)	☐RX (Registration Transfer)	
FAJ!% 5 dd`]WUjcb : cfa "www.mass.gov/massdot		<b>4.</b> □ST (Salvage Title)	☐RT (Registration & Title)	☐TAR (Title Add Registration)	
	2. REG. EXP. DATE	☐TO (Title Only)	☐SW (Summer/Winter Swap)	☐SS (Surviving Spouse)	
Registration/Vehicle Info	rmation 5. Plate Type	<b>6.</b> Registration Number 7.	Previous Title #	8. State	
9. Type of Registration: □ Passenger □ Trailer □ Auto Home □ Semi-Trai	,	ommercial 10. Vehicle Identi	fication Number:		
11. Year	,	16. Circle Color(s) of Vehicle	0-Orange 1-Black 2-Blue <b>17.</b> # of	f Cylinders/Passengers/Doors/Wheels	
10 T	aden) <b>20.</b> Motor Power Gasoline	3-Brown 4-Red 5-Yellow 6-Gree	, ,	/ / /	
<b>18.</b> Transmission	Diesel Propane		ar □DTE □Livery □Taxi □Scho ers for hire, max no of passengers tha		
□Manual	□Hybrid □Other		sed exclusively for city, town, or scho		
Owner Information 22.0	wner #1 MA License. Use SSN if out-of-s	state 23. Owner #2 MA License. Us	e SSN if out-of-state 24. EIN/FID # (s	see block 29)	
25. Owner # 1 Name (Last, First, Middle)			26. Owner # 1 Date of Birth		
<b>27.</b> Owner # 2 Name (Last, First, Middle)			<b>28.</b> Owner # 2 Date of	of Birth	
29. Corp/Co/Organization Name (see bloo	ck 24)		30. City/Town Where	Vehicle is Principally Garaged:	
31. Mailing Address		City	State Zip Code	e	
<b>32.</b> Residential Address		City	State Zip Code	e	
		,	· 		
33A. Lessee's MA License Number or EIN	/FID Number. If out-of-state Lessee, use	SSN and date of birth. 33B. Le	essee's Name:		
34. Lessee's Address, City, State, and Zip (	Code		Sales or U	se Tax Schedule	
, ,, ,			56 A. SALE BY LICENSED N		
Title Data 35. Date of Purchase	36. Odomet	er Reading	MA DOR-Registered Dealer	r EIN/FID #	
37. New Vehicle 38. Title Typ	pe: □Clear □Salvage	Reconstructed	Total Sale Price	\$	
☐ Used Vehicle	☐Owner Retained ☐Theft	☐ Prior Owner Retained		unt and manufacturer's rebate)	
39. Primary Salvage Title Brands:	40. Secondary Salvage Brand(s)		Less Manufacturer's Excise	\$	
☐ Repairable ☐ Parts Only			Net Sales Price	\$	
			Less Trade-in Allowance For	r: \$	
			Yr Make	Model	
			Trade-in VIN		
			Taxable Sales Price	ф	
			6.25% Sales Tax	Φ	
				\$	
			B. SALES BY OTHER THAN	MOTOR VEHICLE DEALER	
			Gross Sales Price (Proof Rec	quired) \$	
<b>Insurance Certification</b>	The company signatory hereto hereby certifies that it has			\$	
that of such registration under a motor vehicle liability policy,		l laws, Chapter 175, Section 113A, and that the prer		OM TAX CODE:	
charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 1			Form Attached (if required)	Form Attached (if required)	
<b>49A.</b> Policy Effective Date:			Exempt Organization Certifi	icate #	
Policy Change Date: 49B. Manual Class: 49C. Ins. Compa	ny & Code:		Fee I	nformation	
13 Ct III3. Compa	·	l Representative's Signature (Original C	Only) 57. Reg: \$	Payment:	
CERTIFICATE OF REGISTRATION			Title: \$	Cash	
			Tax: \$	Check	
			P&I: \$		
This document is the	Certificate of Registra	tion for the herein	Total: \$	Clerk ID:	
This document is the Certificate of Registration for the herein described vehicle. Section 11, Chap. 90, MGL states "Every person operating a motor vehicle shall have the Certificate of Registration for the vehicle and for the trailer, if any, and his license to operate, upon his person or in the vehicle in some easily accessible place."			58. Batch No:		
			<b>59.</b> Clerk/End User Initials:	<b>59.</b> Clerk/End User Initials:	
easily accessible pla	ce."		BchJU"]X"Ibhj" "GhUadYX"K jh	CZZWWJU "GRUad"cf"FY[]ghfUffg"G][bUhifY	

This form approved by the RMV - 0ì /20FG- www.mass.gov/{ æ•å[ c