



Registration and Title Application

A. Service Type

Select the transaction to be performed.
Provide the plate number below if applicable.

Plate Type	Plate Number
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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***

- Apply for a non-resident short-term registration**
- 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.

- 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 with no MA Title*
- Address (D, E or F)
- Lessee (E)
- Garaging Address (G)
- Insurance (K)**
- Other: _____

B. Vehicle Information

B1. Vehicle Identification Number (VIN)	B2. Body Style
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B3. Registration Type: <input type="checkbox"/> Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Bus <input type="checkbox"/> Livery <input type="checkbox"/> Camper <input type="checkbox"/> Trailer <input type="checkbox"/> Taxi <input type="checkbox"/> Motorcycle <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Other: _____	B4. Color(s): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Gray <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red <input type="checkbox"/> Silver <input type="checkbox"/> Gold
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B5. Year	Make	Model	Model#	Trim
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B6. Transmission Type: <input type="checkbox"/> Automatic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Manual	B7. Number of: Cylinders / Passengers / Doors / /	B8. Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____	B9. Odometer (Miles)
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B10. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> School Bus <input type="checkbox"/> School Pupil <input type="checkbox"/> School Pupil/Taxi <input type="checkbox"/> School Pupil/Livery	B11. If carrying passengers for hire, enter max seating capacity _____	B12. Total Gross Weight (Laden) Cannot exceed GVWR _____
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C. Title Information

C1. Vehicle Condition <input type="checkbox"/> New <input type="checkbox"/> Used	C2. Previous Title Issue Date (MM/DD/YYYY)
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C3. Previous Title Number	Previous Title State	Previous Title Country
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C4. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstructed <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained <input type="checkbox"/> Owner Retained	C5. Primary Salvage Title Brand: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only	C6. Secondary Salvage Brand(s): <input type="checkbox"/> Vandalism <input type="checkbox"/> Flood <input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Salt <input type="checkbox"/> Collision <input type="checkbox"/> Other
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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 #
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D5. Residential Address	Apt.#	City	State	Zip Code	D6. Where was document from D4 issued?
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D7. Mailing Address <input type="checkbox"/> Same as Residential	Apt.#	City	State	Zip Code	D8. Expiration date of document from D4
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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 #
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D14. Residential Address	Apt.#	City	State	Zip Code	D15. Where was document from D13 issued?
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D16. Mailing Address <input type="checkbox"/> Same as Residential	Apt.#	City	State	Zip Code	D17. Expiration date of document from D13
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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
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E4. 2nd License #/ ID #/ SSN/ FID	E5. 2nd Lessee or Corp/Co/Organizations Name	E6. 2nd Lessee Address
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F. Business Owner Information	F1. Email _____	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	Phone# _____
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F2. EIN/FID _____	F3. Corp/Co/Organization/Lessor Name _____	F4. USDOT# _____	F5. TIN# _____
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F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only _____	F7. SSN if Sole Proprietor _____
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F8. Physical Address _____	Apt.# _____	City _____	State _____	Zip Code _____
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F9. Mailing Address _____	<input type="checkbox"/> Same as Physical Address	Apt.# _____	City _____	State _____	Zip Code _____
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G. Garaging Address Address where vehicle is principally garaged.

G1. Address _____	Apt.# _____	City _____	State _____	Zip Code _____
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H. Lienholder Information 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 _____

I. Sales or Use Tax Schedule 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 Dealer EIN/FID#: _____ Authorized Dealer's Signature: _____ MSRP: _____ Total Sales Price: _____ Less Manufacturers Excise: _____ Trade-In 1 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Trade-In 2 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Taxable Sales Price: _____ MA Sales Tax Paid: _____	I2. Sale By Auction Sale Price including Buyer's Premium: _____ I3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale) Gross Sale Price (Proof Required): _____ MA Sales/Use Tax: _____ Out of State Sales Tax Previously Paid: _____ State that Sales Tax was Paid to: _____ I4. Claim Exemption Code _____ Form Attached (If Required)
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J. Purchase Information

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
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K. Insurance Information

K1. Insurance Company _____ K2. Insurance Code _____ K3. Effective Date of Insurance _____ K4. Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No K5. Policy Change Date _____	<p style="font-size: small;">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.</p> <p style="text-align: center; font-weight: bold; font-size: large;">Ascot Insurance Company Paragon Insurance Holdings, LLC 129 BY _____ Insurance Company's Authorized Representative's Signature</p>
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L. Seller Information

L1. Seller Name (Please Print) _____	Apt.# _____	City _____	State _____	Zip Code _____
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M. Certification and Signature of Applicant(s) 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: _____