

# Massachusetts Registry of Motor Vehicles P.O Box 55889 Boston, MA 02205-5889

# **RMV-3 Form**

1. □ Renewal □ Amendment 2. Current Registration # 3 □ Other:					3. Title #	Vehicle Identification Number (VIN)			
5. Model Year	6. Make		7. Model Nam	ne	8. Model #	9. Circle Color(s) of Vel O. ORANGE 3. BROWN 1. BLACK 4. RED	nicle  6. Green 9. Purple 7. White		
						2. BLUE 5. YELLOW	8. GRAY		
10. Cyl/Pass/Doors/V	Vheels	11. Tr		12. City	/Town Vehicle is Principall	ly Garaged 13. Expiration Da	ate Month / Year		
		Auto	al 🗖						
Manual   14. Name of Owner(s)/Co/Corp/or Sole Proprietor									
Owner #1: Owner #2:									
15. Owner # 1 License # / ID # / or SSN Date of Birth									
EIN / FID# for Corp/Co/Org or Sole Proprietor (if Sole Proprietor, also provide SSN)									
Owner # 2 License # / ID # / or SSN						Date of Birth			
EIN / FID# for Corp/Co/Org or Sole Proprietor (if Sole Proprietor, also provide SSN)									
16. Mail Address					City	State	Zip Code		
17. Residential Address (if different)					City	State	Zip Code		
18. I Have Changed:									
□ My Name □ Motor Power □ Reg From									
□ My Address □ Gross Weight □ VIN									
	□ Color □ Lessee (Se	ee Relov	☐ Other	To					
19. If Leased Vehicle, Enter Lessee Information Below Name(s) / Company  26. If Change of Insurance Company, Enter Name and Code # of Previous Carrier Here									
					27. Policy Effective D	27. Policy Effective Date			
20. License # Date of Birth				of Birth	Policy Change Da	te	Personal  Commercial		
						ry hereto hereby certifies that it has	or will insure or quarantee		
04 510#					performance by the applica	ant herein before named with respe	ct to the motor vehicle hereinbefore		
21. FID#					•	described for a period of 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	section 113A and that the premium charge and classification of the effective date of registration			
22. Address					are as established by the c	commissioner of insurance under ch	apter 175, section 113B.		
					Insurance Company				
City		State	Zip		PRO	GRESSIVE DIRECT INSURA	NCE COMPANY		
23. If Vehicle Used For Transporting Goods, Wares, or Merchandise					Agent	BY	78		
WT. of Vehicle Fully Equipped					- <u>-</u>	Insurance CO.'s Authorized Representative's Signature/Date			
Max. Load or Heaviest Semi-Trailer With Load					30. I /We the applicant(s) hereby certify under the penalties of perjury that there are no				
Total Gross Weight outstanding excise tax liabilities on the vehicle described above that have been income the applicant's immediate family who is a member of the applicant immediate family who is a member of the applicant immediate family who is a member of the applicant immediate family who is a member of the applicant immediate family who is a member of the applicant imm							ve that have been incurred by		
24. If School Bus, is it Used Exclusively Under Contract to City / Town / School District?					applicant's household, or the further certify that all inform	applicant(s), any member of the applicant's immediate raining who is a member of the applicant's household, or the business partner of the applicant(s). ***The undersigned hereby further certify that all information contained in this application is true and correct to the best of their knowledge and belief. False statements are punishable by fine, imprisonment, or both.			
Yes No									
25. If Vehicle Carrying Passengers For Hire, Max. Number of Passengers that can be Seated					Owner#1 Signature				
<u></u>					Owner #2 Signature				
RMV Use Only:	New Plate Ty	pe:		New F	Plate #:	Effective Date:			
Payment Method:									
☐ Cash ☐ Check I	□ EFT/CC	Total I	Fee:	Clerk	ID: Batch	#:			

## Use the RMV-3 Form for the following

- Change of Insurance Company
- Insurance re-instatement
- Swap to a different plate number or plate type
- Amendment if information on current registration needs to be amended
- Renewal of a current registration (same name/same vehicle) if:
  - A) The registrant did not receive a printed renewal by mail
  - B) The registrant received a renewal form which contained incorrect information

**<u>Do Not</u>** use the RMV-3 Form if there are any changes in ownership or you are requesting a summer/winter swap. In these cases, an original application for title (RMV-1 form) must be completed.

# Instructions for completing the RMV-3 Form

#### **Change of Insurance Company**

- 1. Complete this form with all required information, including box 26.
- 2. Check "Other" in box one, and write "Ins. Change."
- 3. Make sure your new insurance agent stamps and signs boxes 27, 28, and 29.
- 4. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 5. A \$25.00 fee is required.

#### **Insurance Re-Instatement**

- 1. Complete this form with all required information.
- 2. Check "Other" in box one, and write "Ins. Re-inst."
- 3. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 4. After verifying the information, all owner(s) listed in box 14 must sign box 30.
- 5. A \$100.00 reinstatement fee is required.

#### Swap to a Different Plate Number or Plate Type

- 1. Complete this form with all required information.
- 2. Check "Other" in box one, and write "Swap."
- 3. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 4. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 5. Fees will vary depending on the plate type and transaction.

### **Registration Amendments**

- 1. Complete this form, including the changes you are requesting in box 18.
- 2. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 3. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 4. A \$25.00 fee is required.

#### **Registration Renewal**

- 1. Complete this form with all required information.
- 2. Have your insurance agent stamp and sign boxes 27, 28, and 29.
- 3. After verifying all the information, all owner(s) listed in box 14 must sign box 30.
- 4. The renewal fee is dependent on the plate type. Check fee at www.massrmv.com/rmv/fees/index.htm

# **Submitting the RMV-3 Form**

This form can be processed at any full service RMV branch office.

If you wish to process this transaction by mail, send the RMV-3 form, along with the appropriate fee (check or money order payable to MassDOT) to:

Mail-In Registrations Registry of Motor Vehicles PO Box 55891 Boston, MA 02205-5891

**Note:** A Swap Plate Transaction cannot be processed by mail. For all other transactions processed by mail, please allow at least 10 business days for processing time.