

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



+ PROOF OF VISUAL INSPECTION +

DATE OF ISSUE	REG. NO.
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OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MODEL YR. _____ MAKE _____ MOD. NAME _____

TYPE _____ VEH. ID NO. _____

COLOR _____

OWNER'S SIGNATURE _____

I CERTIFY THAT I VISUALLY INSPECTED THE ABOVE DESCRIBED VEHICLE
ON THIS DATE _____

"AND FOUND THE VEHICLE IDENTIFICATION NUMBER TO BE:

INSERT VEHICLE IDENTIFICATION NUMBER (VIN)

--

IS VIN - MISSING

CHANGED

ALTERED

DEPT./OFFICE _____

OFFICER'S/INSPECTOR'S SIGNATURE

BADGE NO.

IMPORTANT -- THIS VEHICLE MUST BE SUBMITTED FOR A VISUAL EXAMINATION OF ITS VIN AT ANY REGISTRY OF
MOTOR VEHICLES BRANCH OFFICE, STATE POLICE BARRACKS, MDC POLICE STATION, OR LOCAL POLICE STATION.

INSTRUCTIONS TO OFFICER/INSPECTOR

1. MAKE VISUAL INSPECTION OF V.I.N.
2. SIGN NAME AND BADGE NUMBER.