

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

REGISTRATION NUMBER	YEAR	MAKE
VEHICLE IDENTIFICATION NUMBER		

Please Print

OWNER'S NAME: _____
last first middle initial

ADDRESS: _____
number street

city or town state zip

- 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:

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

