



Massachusetts Department of Transportation

RMV-1 Application Form

www.massrmv.com

1. REG. EFF. DATE

2. REG. EXP. DATE

3. Number of Documents

☐RO (Registration Only)☐RX (Registration Transfer)4. ☐ST (Salvage Title)☐RT (Registration & Title)☐TAR (Title Add Registration)☐TO (Title Only)☐SW (Summer/Winter Swap)☐SS (Surviving Spouse)

Registration/Vehicle

5. Plate Type

6. Registration Number

7. Previous Title #

8. State

9. Type of Registration:

☐Passenger ☐Bus ☐Taxi ☐Livery ☐Commercial☐Trailer ☐Auto Home ☐Semi-Trailer ☐Motorcycle ☐Other

10. Vehicle Identification Number:

11. Year

12. Make

13. Model Name

14. Model #

15. Body Style

16. Circle Color(s) of Vehicle

0-Orange 1-Black 2-Blue

17. # of Cylinders/Passengers/Doors/Wheels

3-Brown 4-Red 5-Yellow 6-Green 7-White 8-Gray 9-Purple

/ / /

18. Transmission

☐Automatic☐Manual

19. Total Gross Weight (Laden)

20. Motor Power

☐Gasoline☐Diesel☐Propane☐Electric☐Hybrid☐Other21. Bus: ☐Regular ☐DTE ☐Livery ☐Taxi ☐School Pupil

If carrying passengers for hire, max no of passengers that can be seated: _____

If school bus, is it used exclusively for city, town, or school district? ☐Yes ☐No

Owner

22. Owner # 1 License # / ID # / or SSN

23. Owner # 2 License # / ID # / or SSN

24. EIN/FID # (see block 29)

If Sole Proprietor
provide SSN in #22

25. Owner # 1 Name (Last, First, Middle)

25a. Height

____ Ft ____ In

25b. Sex

MALE

FEMALE

26. Owner # 1 Date of Birth

27. Owner # 2 Name (Last, First, Middle)

27a. Height

____ Ft ____ In

27b. Sex

MALE

FEMALE

28. Owner # 2 Date 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

32. Residential or Corp/Co/Organization Address (see block 24 and 29)

City

State

Zip Code

33A. Lessee's MA License Number or EIN/FID Number. If out-of-state Lessee, use SSN and date of birth.

33B. Lessee's Name:

| | | | | | | | | | | | | | | | M M D D Y Y

34. Lessee's Address, City, State, and Zip Code

Title

35. Date of Purchase

36. Odometer Reading

37. ☐New Vehicle☐Used Vehicle38. Title Type: ☐Clear☐Salvage☐Reconstructed☐Owner Retained☐Theft☐Prior Owner Retained

39. Primary Salvage Title Brands:

☐Repairable☐Parts Only

40. Secondary Salvage Brand(s)

Lienholder

I/we certify that all liens on this vehicle are listed below

43. First Lienholder Code

44. Name

| | | | | | | | | |

45. Lienholder's Address

46. Second Lienholder Code

47. Name

| | | | | | | | | |

48. Lienholder's Address

Insurance Certification

The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant hereinbefore named with respect to the motor vehicle hereinbefore 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.

49A. Policy Effective Date: _____

Policy Change Date: _____

49B. Manual Class: _____

49C. Ins. Company & Code: _____

Insurance Co's Authorized Representative's Signature (Original Only)

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). 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.

50. Signature of Owner From Block 25 or 29. If owner is listed in Block 29, signer must also print name.

51. Signature of 2nd Owner From Block 27.

52. Authorized Dealer's Signature

53. Dealer Reg. No.

54. Seller's Name (Please Print)

55. Seller's Address

Sales or Use Tax Schedule

56 A. SALE BY LICENSED MOTOR VEHICLE DEALER

MA DOR-Registered Dealer EIN/FID # _____

Total Sale Price \$ _____

(adjusted for dealer's discount and manufacturer's rebate)

Less Manufacturer's Excise \$ _____

Net Sales Price \$ _____

Less Trade-in Allowance For: \$ _____

Yr _____ Make _____ Model _____

Trade-in VIN _____

Taxable Sales Price \$ _____

6.25% Sales Tax \$ _____

B. SALES BY OTHER THAN MOTOR VEHICLE DEALER

Gross Sales Price (Proof Required) \$ _____

6.25% Sales/Use Tax \$ _____

C. CLAIM EXEMPTION FROM TAX CODE: _____

Form Attached (if required)

Exempt Organization Certificate # _____

Fee Info.

57. Reg: \$ _____

Payment:

Title: \$ _____

☐Cash

Tax: \$ _____

☐Check

P&I: \$ _____

☐EFT/ CC

Total: \$ _____

Clerk ID:

58. Batch No:

59. Clerk/End User Initials:



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Registration/Vehicle

5. Plate Type

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7. Previous Title #

8. State

9. Type of Registration:

☐ Passenger ☐ Bus ☐ Taxi ☐ Livery ☐ Commercial☐ Trailer ☐ Auto Home ☐ Semi-Trailer ☐ Motorcycle ☐ Other

10. Vehicle Identification Number:

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☐ Automatic☐ Manual

19. Total Gross Weight (Laden)

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☐ Gasoline☐ Diesel☐ Propane☐ Electric☐ Hybrid☐ Other21. Bus: ☐ Regular ☐ DTE ☐ Livery ☐ Taxi ☐ School Pupil

If carrying passengers for hire, max no of passengers that can be seated: _____

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Owner

22. Owner 1 License # / ID # / or SSN

23. Owner 2 License # / ID # / or SSN

24. EIN/FID # (See block 29)

If Sole Proprietor
provide SSN in # 22

25. Owner # 1 Name (Last, First, Middle)

25a. Height
____ Ft ____ In25b. Sex
MALE FEMALE

26. Owner # 1 Date of Birth

27. Owner # 2 Name (Last, First, Middle)

27a. Height
____ Ft ____ In27b. Sex
MALE FEMALE

28. Owner # 2 Date 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

32. Residential or Corp/Co/Organization Address (see block 24 and 29)

City

State

Zip Code

33A. Lessee's MA License Number or EIN/FID Number. If out-of-state Lessee, use SSN and date of birth.

33B. Lessee's Name:

34. Lessee's Address, City, State, and Zip Code

Title

35. Date of Purchase

36. Odometer Reading

37. ☐ New Vehicle☐ Used Vehicle38. Title Type: ☐ Clear☐ Salvage☐ Reconstructed☐ Owner Retained☐ Theft☐ Prior Owner Retained

39. Primary Salvage Title Brands:

☐ Repairable☐ Parts Only

40. Secondary Salvage Brand(s)

Insurance Certification

The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant hereinbefore named with respect to the motor vehicle hereinbefore 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.

49A. Policy Effective Date: _____

Policy Change Date: _____

49B. Manual Class: _____

49C. Ins. Company & Code: _____

Insurance Co's Authorized Representative's Signature (Original Only)

CERTIFICATE OF REGISTRATION

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."

Sales or Use Tax Schedule

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(adjusted for dealer's discount and manufacturer's rebate)

Less Manufacturer's Excise \$ _____

Net Sales Price \$ _____

Less Trade-in Allowance For: \$ _____

Yr _____ Make _____ Model _____

Trade-in VIN _____

Taxable Sales Price \$ _____

6.25% Sales Tax \$ _____

B. SALES BY OTHER THAN MOTOR VEHICLE DEALER

Gross Sales Price (Proof Required) \$ _____

6.25% Sales/Use Tax \$ _____

C. CLAIM EXEMPTION FROM TAX CODE: _____

Form Attached (if required)

Exempt Organization Certificate # _____

Fee Info.

57. Reg: \$ _____ Payment: _____

Title: \$ _____ ☐ CashTax: \$ _____ ☐ CheckP&I: \$ _____ ☐ EFT/ CC

Total: \$ _____ Clerk ID: _____

58. Batch No: _____

59. Clerk/End User Initials: _____

Not Valid Until Stamped With Official Stamp or Registrar's Signature

This form approved by the RMV 1/2013 www.massrmv.com

REGISTRAR