



DEVAL L. PATRICK, GOVERNOR
 TIMOTHY P. MURRAY, LT. GOVERNOR
 JEFFREY B. MULLAN, SECRETARY & CEO
 RACHEL KAPRIELIAN, REGISTRAR



COURT RECORDS
 P.O. Box 55896
 BOSTON, MA 02205
 WWW.MASS.GOV/RMV

REQUEST FOR DRIVING RECORD

(Fee: \$20.00)

Please print clearly.

Requestor Information

Does the Driving Record need to be certified (imprinted with a Registrar's stamp)? Yes No

Certified requests are only processed by the Court Records Department at 25 Newport Avenue Extension, Quincy, MA 02171.

If mailing your request, use the P.O. Box above and include a check or money order payable to MassDOT.

Name of Requestor: _____ Date: _____

Address of Requestor: _____

City: _____ State: _____ Zip: _____

If requesting as an authorized representative of:

Name of Company/Agency: _____

Company/Agency Address: _____

Requests a Driving Record for the following person:

All information MUST be supplied.

Requested Driver Information

Name: _____

Last

First

Middle or Initial

Date of Birth: ____ / ____ / ____

Month

Day

Year

Driver's License Number: _____

Note: If you do not know the Driver's License Number and believe that you may qualify as a permitted user of personal information from motor vehicle records under the Driver Privacy Protection Act, 18 U.S.C 2721 et seq, please indicate this to the RMV representative.



Registry of Motor Vehicles

Title Division
P.O. Box 55885
Boston, MA 02205-5885

AMENDING A TITLE OR ADDING A LIEN

Request to (check one):

- Add a Lienholder** (Complete Sections A, B, and D) \$25.00 (Payable by Check or Money Order Only)
- Correct a Title** (Complete Sections A, C, D, and E, if applicable) \$25.00 (Payable by Check or Money Order Only)

A Vehicle/Owner Information

Registration Number	Year	Make	VIN	Title Number
Owner Name (Last, First, Middle) or Corp/Co Organization Name:				
Address				Apartment Number
City	State		Zip Code	

B Adding a Lienholder (Original Certificate of Title Must Be Submitted with This Application)

Date of Lien	Lienholder Code	Name of Lienholder
Address		

C Correcting Title (Original Certificate of Title Must Be Submitted with This Application)

Enter information to be corrected: _____

*A notarized affidavit of facts **must** accompany this form to correct the odometer.*

D Signatures

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).

Signature(s) of Owner(s) _____ Date _____

Printed Name(s) _____

E Mail Title to:

Name _____

Address _____

City _____ State _____ Zip Code _____

Make Check or Money Order Payable to:
Registry of Motor Vehicles
Do Not Mail Cash