



Out-of-State Verification Inspection Form

Massachusetts Registry of Motor Vehicles
Vehicle Safety and Compliance Services
P.O. Box 55892
Boston, MA 02205-5892
Fax: 857-368-0816

This form is used to verify that your vehicle or equipment is out-of-state, and will miss its required annual Massachusetts vehicle inspection. Please type or print all requested information. Forms not accompanied by satisfactory proof will be rejected.

Plate Type (from Registration) _____ Registration (Plate) Number _____

Vehicle Identification Number (VIN) _____

Note: Please also print your Out-of-State Address, Plate, and VIN information on the bottom of this form.

Registration Expiration Date _____ Current Odometer Reading _____
(if applicable)

Owner's Name _____ Vehicle/Equipment Year _____

Mailing Address _____ Vehicle/Equipment Make _____

City, State, Zip _____ Vehicle/Equipment Model _____

Out-of-State Mailing Address _____ Expected Return to Massachusetts Date _____

City, State, Zip _____ Out of State Telephone Number _____

Please check one (1)

- I hereby certify that the above vehicle or equipment has passed the inspection required by the jurisdiction in which the vehicle is currently domiciled. As proof, I have attached a copy of my passing inspection receipt. (Note: For commercial vehicles, check this box and attach a copy of an FMVSA / "DOT" Inspection Form or FMVSA / "DOT" equivalent state inspection.)
- I hereby certify that the jurisdiction in which the above vehicle or equipment is currently domiciled lacks an inspection program or does not inspect vehicles registered in other jurisdictions.

I hereby certify that I am temporarily residing in another jurisdiction because I am . . .

- A student
- In military service
- A seasonal resident
- Other

Within three (3) days of being returned to the Commonwealth of Massachusetts (15 days if inspected by another state/jurisdiction), the vehicle or equipment identified on this form must have a vehicle inspection performed by a Massachusetts vehicle inspection station, as required by law. I swear, under the penalties of perjury, that to the best of my knowledge the statements I have made herein are accurate, and I agree to abide by the laws and regulations set forth by the Commonwealth of Massachusetts. Please note: This authorization expires on the last day of the month twelve (12) months from the date received.

Vehicle Owner/Representative's Signature _____ Date _____

***** Please clearly print the address where this form can be mailed back to you in the receipt section at the bottom of this form and keep the receipt with the vehicle once approved by the RMV. *****



Out-of-State Verification Approval & Receipt

**EXPIRES LAST DAY OF MONTH ONE YEAR FROM DATE STAMPED BELOW.
(Keep this receipt with your registration until inspected in Massachusetts.)**

Plate Type _____ Registration (Plate) Number _____

Vehicle Identification Number VIN _____

↓↓ Please clearly print name and out-of-state address in this box ↓↓

(RMV Use Only)