



# Massachusetts Vehicle Check Change of Address Form

*Please return completed form to:*

Applus Technologies, Inc.  
787-A Hartford Turnpike, Shrewsbury, MA 01545  
or email to: [ChangeAddress@MAVehicleCheck.com](mailto:ChangeAddress@MAVehicleCheck.com)



**Customer Service Center: 1-844-358-0135**

Note: Changes to the Mailing or Billing Addresses will not change the Place of Business Address. The Registry of Motor Vehicles must be contacted directly to officially change a Place of Business Address.

**\*\*\*This form is required to be completed in full.\*\*\***

## Mailing Information

**PROGRAM COMMUNICATIONS WILL BE SENT TO THE MAILING ADDRESS.**

Station ID #: \_\_\_\_\_

Station Name: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Station Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Station Fax # (If Any): ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Backup Contact Name: \_\_\_\_\_

Backup Contact Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

## Billing Information

**PROGRAM INVOICES WILL BE SENT TO THE BILLING ADDRESS.**

Billing Street Address: \_\_\_\_\_

Billing City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Contact Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_