



## **Off-the-Road Verification Inspection Form**

Registry of Motor Vehicles • Vehicle Safety and Compliance Services P.O. Box 55892 • Boston, MA • 02205-5892 RMVInspection@dot.state.ma.us • Phone: 857-368-7310

## A. Requirements and Instructions

This form is used to verify that your vehicle is off the road (such as in storage or in the process of being restored) and will miss its required Massachusetts motor vehicle inspection. Please complete all requested information and email this form to <a href="mailto:RMVInspection@dot.state.ma.us">RMVInspection@dot.state.ma.us</a> or mail it to the address at the top of the form. Please be sure to fill out your information in the return receipt at the bottom of this form.

<b>B.</b> Applicant Info	mation									
Owner's Last Name				First N	lame		Middle Initial		Suffix	
Phone #		Er	mail Address							
C. Vehicle Inform	ation									
/ehicle Registration (Plate) #		1	Vehicle Registration	Expirat	tion Date	VIN#				
,			, and the second	•						
Current Odometer Reading	Vehicle Year	Make	1		Model		Expected Opera	ating/On Road	Date	
MA Vehicle Registration Add	ress	1								
Street			City			State	Zip e Code			
Pehicle Location Address							7:			
Street			City			State	Zip Code			
D. Off the Road R	eason									
Reason the above vehicle w	as taken off the re	oad (p	lease print):							
E. Certification										
Immediately upon being re vehicle inspection perform provided is true and correct	ed by a Massachi	usetts	vehicle inspection s	station.	l swear (affirm), u	nder the pe	nalties of perjury, tha	at the informat	tion I have	
Please note: This authoriza	ation expires on th	ha lact	t day of the month 1	12 mon	the from the date	received				
Tiease note. This authorize	ation expires on ti	ic iasi	day of the month,	12 1110111	ins nom the date	received.				
Vehicle Owner's Signature	:						Date:			
A M		C	<b>)ff-the-Roa</b>	ıd V	erificatior	n Appr	oval & Rec	eipt		
		EXPIRES LAST DAY OF MONTH ONE YEAR FROM DATE STAMPED BELOW.								
REGISTRY OF MOTOR VEHIC	CLES						ected in Massachuse			
Plate Type			Registration (Plat	te) #		V	IN#			
Please clearly print name and address in this box							RMV Use Only			