



Registration Drop Off Center Form for Individual Customers

RMV Use Only

Date: _____

Transaction #: _____

Complete this form **prior** to dropping off your work at the Registration Drop Off Center. The RMV suggests you complete the fillable PDF using your PC or other device. If not, please ensure each field is legible.

Please confirm you have a completed *Registration and Title Application* from your insurance agent/company and all supporting documentation. Visit www.mass.gov/register-and-title-your-vehicle for required documentation. Paperwork with an incomplete or inaccurate application or insufficient documentation will not be processed.

In the Payment Link Email field, please indicate the email address of who will be receiving the email for the payment. When your transaction is complete, you will receive an email to make payment online.

RMV Registration Drop Off Center: _____

Date: _____

Time: _____

Customer's Name: _____

Contact Phone Number: _____

Payment Link Email: _____

Comments (if any):

Refer to the *Registration Drop Off Center Post Drop-Off Information Sheet* for next steps after drop off.