

3/10 ⑪ 090



Deval L. Patrick, Governor  
Richard A. Davey, Secretary & CEO  
Celia J. Blue, Registrar



Mass DOT – RMV – Section 5 – P O Box 55897 Boston MA 02205  
857 – 368 – 8030 Phone 857 – 368 – 0823 Fax

Dear Registrant,

We are unable to process your renewal application due to missing or incorrect information as listed below.

**PAYMENT:**

- The fee is incorrect (DO NOT alter your check). The correct fee is \$\_\_\_\_\_.
- A check was omitted
- Check is altered, please submit a new check
- Your check was not endorsed

**SIGNATURE STAMP:**

- The owner(s) signature is missing and/or owners information missing from the back of the renewal registration card.
- Missing Insurance Company's Certified stamp and signature on renewal card
- The Insurance Stamp does not meet Registry guidelines (see attached Memorandum)

**FORMS:**

- Please complete the Acknowledgement Card; Which must be signed by the business owner. Renewal will not be processed without it. **PLEASE SEE ATTACHED**
- Please submit your Renewal Application, Valid Dealer License, Acknowledgment Card and Fee in The same envelope..
- Please submit a photo copy of this years valid Dealer License **(THE NAME AND ADDRESS MUST MATCH THE MASTER REGISTRATION EXACTLY)**
- A pre-printed IRS Correspondence that includes FID number, Owners Name, Business Name and Address (this form must not be older than two years) **SEE ATTACHED**
- Massachusetts state Law requires Special Mobile Equipment to have a valid Title
- Please provided proof that excise tax has been paid in full; as well as provide an additional \$20.00 removal fee.
- Complete the attached Name/Address Change Request Form. (Document submitted does not match the Master Registration.)
- Please provide proof from the Secretary of Commonwealth that your corporation has been re-instated. Please see attached.

Kindly make correction as indicated and return the application and payment (NO CASH PLEASE) TO:  
Registry of Motor Vehicles, Section 5 Division, P O Box 55897, Boston, MA 02205-5897.

If you have further questions, please contact us at 857-368-8030.

CLERK: \_DR1 I\_

PO Box 55889 • Boston MA • 02205  
Tel: 857-368-8000 • TDD: 877-768-8833  
www.massrmv.com

NUMBER

10

FEE

\$100.00

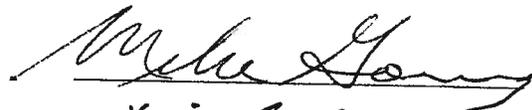
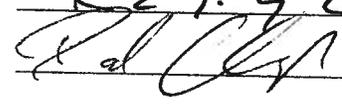
THE COMMONWEALTH OF MASSACHUSETTS

Town of Acton

**AGENT'S OR SELLER'S LICENSE - CLASS I  
FOR THE SALE OF SECOND-HAND MOTOR VEHICLES**

In accordance with the provisions of Chapter 140 of the General Laws with amendments thereto **Acton Ford Fleet, Inc** whose principal business is the sale of new motor vehicles as a recognized agent of the **Ford** ( or who has a signed contract as required by Section 58, Class 1), is hereby licensed to purchase and sell, as incidental or secondary thereto, second-hand motor vehicles at No. **60 Powder mill Road**. on premises described as follows: property and building at 60 Powder Mill Road with 31 Parking Spaces

December 2, 2013

  
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K-2 9. 92  
  
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**THIS LICENSE EXPIRES JANUARY 1, 2015**

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE PREMISES

(OVER)



**THE COMMONWEALTH OF MASSACHUSETTS  
REGISTRY OF MOTOR VEHICLES**

NEXT RENEWALS: MARCH FEES: REG 100.00 PLATE 40.00 SPECIAL 0.00 TOTAL 140.00		DEALER APPLICATION FOR REGISTRATION 2014	
<input type="checkbox"/> NEW REGISTRATION <input checked="" type="checkbox"/> RENEW REGISTRATION <input type="checkbox"/> AMEND REGISTRATION <input type="checkbox"/> REQUEST ADDITIONAL PLATES		NAME(S) OF OWNER(S) AND BUSINESS ADDRESS ACTION FORD ELECT LEASE INC 40 WINTER HILL ROAD ACTON, MA 01720	
Sign (write) name in full. 		PLATE TYPE: DLN REGISTRATION NUMBER: 23	COMPANY: CORP PASSED BY: 2
The Company Signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant hereinbefore named with respect to the business and the number of plates hereinbefore described under a motor vehicle liability policy, binder, or bond which conforms to General Laws, Chapter 175, Section 113A, and that the premium charge on the effective date of registration is or will be of the rate fixed and established by the Commissioner of Insurance for the classification under Chapter 175, Section 113B.		UNIVERSAL UNDERWRITERS INSURANCE COMPANY Par  Licensed Agent AGENT	Date Issued: _____ Insurance Co's Authorized Representative's Signature: _____