



LOST PLATE(S) - AFFIDAVIT FOR CANCELLATION OF REGISTRATION

Please return the signed and completed form to:

**Registry of Motor Vehicles
Attn: Express, Plate Returns
PO Box 199100
Boston, MA 02119-9100**

This is to certify that the registrant listed below returned the certificate of registration for the purpose of cancelling the registration of the vehicle described below, but was unable to return the plate(s) for the reason stated.

Registration (Plate) Number: _____

Issue Date: _____ Expiration Date: _____

Name of Registrant: _____

Address: _____

Year: _____

Make: _____

Model: _____

Insurance Company: _____

State Reason Plate(s) Not Returned: _____

I affirm that all statements herein are true to the best of my knowledge and belief.
FALSE STATEMENTS ARE PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH
(MGL ch 90, sec 24).

Print Last Name or Name of Business: _____

Signature of Registrant: _____

Date Received: _____ Clerk: _____ of Registry at: _____