



## 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: \_\_\_\_\_