



# Affidavit for Cancellation of Registration for Lost Plate(s) – C19 Form

Massachusetts Department of Transportation • Registry of Motor Vehicles • P.O. Box 55889 • Boston, MA 02205-5889

This is to certify that the registrant(s) wish to cancel the registration of the vehicle described below but were unable to return the plate(s) because of the reason stated. If this cancellation request is submitted by mail, then it must be accompanied by a photocopy of an owner's photo ID.

## **A. Owner Information**

**Acceptable identification must be presented at time of cancellation.**

Owner/Lessee #1 \_\_\_\_\_

Owner/Lessee #2 \_\_\_\_\_

Address, City/Town \_\_\_\_\_

## **B. Vehicle Information**

Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

# of Plates Not Returned \_\_\_\_\_ State Reason Plate(s) Not Returned \_\_\_\_\_

## **C. Signature(s)**

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 (Gen Laws Ch. 90, Sec. 24)

Print Name Owner/Lessee #1 \_\_\_\_\_ Signature Owner/Lessee #1 \_\_\_\_\_ Date \_\_\_\_\_

Print Name Owner/Lessee #2 \_\_\_\_\_ Signature Owner/Lessee #2 \_\_\_\_\_ Date \_\_\_\_\_

**If there are two owners, signatures of both owners are required.**

## **D. Information of Person Presenting this Affidavit (If Not Vehicle Owner)**

**Identification must be presented at time of cancellation.**

Name \_\_\_\_\_ License # \_\_\_\_\_

Address, City/Town \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **RMV USE ONLY**

ID presented (please check):  Owner/Lessee #1  Owner/Lessee #2  Other (See Section D above)