REGISTRY OF MOTOR VEHICLES

Nonresident Student Driver Statement

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

A. Requirements and Instructions

Pursuant to the provisions of M.G.L c.90 § 3, as amended by Chapter 46 of the Acts of 2003, this form must be completed in quadruplicate by every nonresident enrolled as a student at a public or private school or college in the Commonwealth during any period beginning on September 1st of any year and ending on August 31st of the following year, who operates a motor vehicle in Massachusetts that is registered in another state or country. This applies to students commuting from out-of-state to a school in Massachusetts and students temporarily residing in Massachusetts, whether living on campus or not. This completed form must be filed with the Police department in the city or town where the school is located. The Police department must provide a copy to the school, the local assessor, and the RMV. The school will issue the required decal, which must be affixed to the uppermost center portion of the windshield. The penalty for a nonresident's failure to comply as required is up to \$200.00.

B. Nor	rresident Student	Informa	ation							
Last Name				First Name				Middle Initial		Suffix
Phone Number			Email Address							
Permanent	t Residential Address				Zin					
Address City					Zip State Code			Country		
	Address While Attending S	chool					_	Zip e Code		
Address	NOTE: Banari an	v shanas si	City		44444	to the D	State			
NOTE: Report any change of permanent or to Name of the School/College Address				nporary ac	aaress	to the P	City/Town		ne school	State
C. Veh	nicle Information									
Registration #			State, Province, or Country of Registration					Registration Expiration Date (MM//DD/YYYY)		
Year	Make Model			Color				VIN#		
Vehicle Owner's Last Name				First Name				Middle Initial		
Vehicle Ow	vner's Address					City			<u> </u>	State
D. Liab	oility Insurance In	formation	on							
	cle can only be operated of 90, Sec 3. Coverage suf	_						policy cove	ering all of the p	rovisions in
,	this policy provide at least or death to more than or			-		-				Yes □ No
-	this policy provide indem	-						-		Yes □ No
Name of Insurance Company and Address								Expiration Date of Policy (MM//DD/YYYY)		
E. Cer	tification and Sigr	nature					J.			
	ffirm), under the penalties are punishable by fine,			tion I hav	e provi	ded is t	true and c	orrect. I am	aware that false)
I also und	erstand that a copy of thi	s filing will	be provided to the	e local as	sessor	where	I reside.			
Did you re to file the	eceive a written warning f completed nonresident d	rom your seriver staten	chool indicating a nent with the Poli	penalty o	of up to ment?	\$200.0	00 for you	r failure		Yes □ No
Signature:				Date:						