



EVR Duplicate Registration

Registry of Motor Vehicles · EVR Program
P.O. Box 55889 · Boston, MA 02205-5897

Instructions

This form must be completed for any EVR Duplicate Registration transaction when an eligible amendment is requested. If the IEP is requesting the duplicate, the IEP must sign this form. If the customer is requesting the duplicate, either all owner(s) or all lessee(s) listed on the registration must sign this form. This completed form must be scanned into your EVR transaction.

Registration Amendment Request Information

Plate Type	Plate Number	Requested By: Please check box indicating who is making the request.	<input type="checkbox"/> IEP	<input type="checkbox"/> Customer
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Amendment Information

Color	Garaging Address	City	State	Zip Code
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If you are updating an applicable address, check the appropriate ownership box and the corresponding address to be amended.

Owner/Lessee 1 Owner/Lessee 2

Residential Address	City	State	Zip Code
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Mailing Address	City	State	Zip Code
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This can only be processed by an Insurance Company.
Please indicate the new Insurance code.

Insurance Code

Signature(s)

All applicable signatures must be captured on the form.

Signature of IEP/ Owner/Lessee 1	Printed Name of IEP/Owner/Lessee 1	Date
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Signature of IEP/ Owner/Lessee 2	Printed Name of IEP/Owner/Lessee 2	Date
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