



Massachusetts Department of Transportation
Registry of Motor Vehicles Division
P.O. Box 55885
Boston, MA 02205-5885

Form C90D §20E
Junking or Scrapping a Motor Vehicle

Complete this form and mail it, along with the Certificate of Title, to the address above.

(Owner's / Licensed Dealer's Name and Address)

Year _____ Make _____ Model _____

Vehicle Identification Number _____

Title Number (Registration Number if Exempt) _____ State _____

Vehicle purchased or received from _____
(Name)

Address _____ On _____
(Date)

The under signed certifies under the pains and penalties of perjury, that the above described motor vehicle was junked or scrapped on _____
(Date)

Authorized Signature

Printed Name