

# Supplemental Registration Application for 7D School Pupil Transport Vehicle

Massachusetts Registry of Motor Vehicles (RMV)  
Vehicle Safety and Compliance Services  
P.O. Box 55892 Boston, MA 02205-5892  
Tel: 857-368-8130

\_\_\_\_\_  
Name of 7D Applicant (same as name of 7D vehicle registrant).

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Business Address (if different) City State Zip Code

Tel No: \_\_\_\_\_ Cell Tel No: \_\_\_\_\_ Fax Tel No: \_\_\_\_\_

*I certify that I have read the "7D Vehicle Information and Licensing" leaflet and I understand its contents.*

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

*Return to the Address Listed Below*

**Return this ORIGINAL, Completed Form to:**

**In Person:** RMV, Vehicle Safety & Compliance Services, 25 Newport Ave Ext, North Quincy, MA 02171; or

**By Mail:** RMV, Vehicle Safety & Compliance Services, P.O. Box 55892 Boston, MA 02205-5892; or

**By FAX:** RMV, Vehicle Safety & Compliance Services, FAX No. 857-368-0816.

*For RMV Use Only:*

*Date Received:* \_\_\_\_\_

*Tracking No.:* \_\_\_\_\_

*Region:* \_\_\_\_\_

*Date Approved:* \_\_\_\_\_

*Date Denied:* \_\_\_\_\_