



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
 Erin C. Deveney, Registrar



REQUEST FOR ACTIVITY HOLD ADD/REMOVE

Enforcement Services
P.O. Box 55889, BOSTON, MA 02205
www.massrmv.com
Phone: 857-368-9500, Fax: 857-368-0649

DATE : _____ LICENSE / ID NUMBER _____

I _____ (name), hereby request the RMV to Add Remove
 an activity hold on my Massachusetts Drivers License/ID No. _____

The reason for my request is based on:

My identification has been lost stolen and, as a result, I am concerned that someone
 may attempt to perform Registry transactions fraudulently with it.

I have information that someone actually acquired a document from the RMV using my personal
 information. Refer to record Number _____

CHECK ONE: I do I do NOT know the actual name of the person who may have
 committed fraud using my name or personal information.

If known, s/he is:

Name _____

Address _____

Other reason: please explain

I understand that an Activity Hold will prevent future license/ID transactions, that it will be necessary for me to
 contact Enforcement Services at the above number in order to arrange any future license/ID transactions to be
 performed, and that I will be required to provide additional information and/or identification in order for any
 transaction to be processed. Should an application for license/ID be submitted in the future, I want to be
 contacted at _____ to confirm or deny the legitimacy of the request. I can provide
 the following identification or information to substantiate my identification.

Available documents: _____

My employer is _____ My work phone number is _____

My cell phone number is _____ My fax number is _____

My current address is _____

Signature _____ Print Name _____

Social Security No. _____ Case # _____