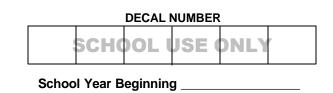
Commonwealth of Massachusetts Registry of Motor Vehicles **Nonresident Driver Statement**





PLEASE PRINT

SIGNATURE

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 full time student at a school or college in the Commonwealth who operates a motor vehicle in Massachusetts that is registered in another state or country during any period beginning on September 1st of any year, and ending on August 31st of the following year. This applies to students commuting from out-of-state to a school in Massachusetts and students temporarily residing in Massachusetts. 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.

PART 1: NONRESIDENT STUDENT INFORMATION						
LAST NAME			FIRST			MIDDLE INITIAL
PERMANENT LEGAL RESIDENTIAL ADDRESS			CITY/TOWN		STATE/ZIP	COUNTRY
PERIMANEI	NI LEGAL RESIDENTIAL	ADDRESS	CITI/TOWN		STATE/ZIP	COUNTRY
RESIDENTI	AL ADDRESS WHILE AT	TENDING SCHOOL		CITY/TOWN		ZIP
NOTE DEPOSIT ANY QUANCE OF DEPMANENT OR TEMPOSIARY ADDRESS TO THE DOLLOS DEPARTMENT AND THE COURSE						
NOTE: REPORT ANY CHANGE OF PERMANENT OR TEMPORARY ADDRESS TO THE POLICE DEPARTMENT AND THE SCHOOL NAME OF SCHOOL/COLLEGE & ADDRESS CITY/TOWN ZIP						
NAME OF GOTTOOD GOLLEGE & ADDRESS						4 11
PART 2: VEHICLE INFORMATION						
REGISTRA	TION NUMBER	STATE, PROVINCE, AI	ND COUNTRY OF REGIST	TRATION	REGISTRATIO	N EXP. DATE
YEAR	MAKE	MODEL	COLOR	VEHIC	LE IDENTIFICATION	N NUMBER
VEHICLE OWNER'S LAST NAME			FIRST			MIDDLE INITIAL
VEHICLE OWNER'S ADDRESS			CITY/TOWN			STATE
DARTO HARM	ITV INCUDANCE INFORM	RTION				
PART 3: LIABILITY INSURANCE INFORMATION This vehicle can only be operated during such time as the owner thereof maintains in full force a policy covering all of the						
provisions in M.G.L., Ch. 90, Sec 3. Coverage sufficient to allow a "Yes" to both a) and b) is required.						
 a) Does this policy provide at least \$20,000 coverage for injury or death to one person and \$40,000 coverage for injury or death to more than one person while the vehicle is being operated on the ways of Massachusetts? YES NO 						
 b) Does this policy provide indemnity for any operator of this vehicle while being operated with the express or implied consent of the owner? YES NO 						
NAME OF INSURANCE COMPANY & ADDRESS EXPIRATION DATE OF PO						OF POLICY
I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IN EACH OF THE THREE PARTS IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT A COPY OF THIS FILING WILL BE PROVIDED TO THE LOCAL ASSESSOR WHERE I RESIDE.						
DID YOU RECEIVE A WRITTEN WARNING FROM YOUR SCHOOL INDICATING A PENALTY OF UP TO \$200.00 FOR YOUR FAILURE TO FILE THE COMPLETED NONRESIDENT DRIVER STATEMENT WITH THE POLICE DEPARTMENT? YES NO						

DATE