

**Commonwealth of Massachusetts
Registry of Motor Vehicles
Nonresident Student Vehicle Information Form**
PLEASE PRINT



DECAL NUMBER

OFFICE USE ONLY				
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School Year Beginning _____ month _____ year

Pursuant to the provisions of M.G.L. c.90 § 3, this form must be completed in triplicate by every nonresident enrolled as a student at a school or college in the Commonwealth who operates a motor vehicle 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 for the school 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 failing to comply as required is up to \$50.00.

STUDENT INFORMATION			
LAST NAME	FIRST	MIDDLE	
PERMANENT ADDRESS	CITY/TOWN	STATE	ZIP
RESIDENTIAL ADDRESS IN MASS. WHILE ATTENDING SCHOOL, IF ANY	CITY/TOWN		ZIP
NAME OF SCHOOL/COLLEGE & ADDRESS	CITY/TOWN		ZIP
Clark University	Worcester, MA		01610
INSERT ANY CHANGE OF ADDRESS HERE:			
CHANGE TO PERMANENT ADDRESS _____		TEMPORARY ADDRESS _____	DATE: _____
NEW ADDRESS _____		ADDRESS _____	CITY/TOWN _____ STATE _____ ZIP _____
NOTE: REPORT ANY CHANGE OF PERMANENT OR TEMPORARY ADDRESS TO THE POLICE DEPARTMENT AND THE SCHOOL			

VEHICLE INFORMATION					
PLATE NUMBER	STATE OF REGISTRATION			EXPIRATION DATE	
YEAR	MAKE	MODEL	COLOR	VEHICLE IDENTIFICATION NUMBER	
VEHICLE OWNER'S LAST NAME	FIRST & MIDDLE INITIAL	ADDRESS	CITY/TOWN	STATE	

INSURANCE INFORMATION	
NAME OF INSURANCE COMPANY & ADDRESS	EXPIRATION DATE OF POLICY
<p>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.</p> <p>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 being operated on the ways of Massachusetts? _____ YES _____ NO</p> <p>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</p>	

<p>I HEREBY CERTIFY THAT THE ABOVE INFORMATION IN EACH OF THE THREE SECTIONS IS TRUE AND COMPLETE AND THIS CERTIFICATION IS MADE UNDER THE PENALTIES OF PERJURY.</p>	
SIGNATURE _____	DATE _____