

Nonresident Student Driver Statement

Registry of Motor Vehicles P.O. Box 55889 • Boston, MA • 02205-5889

A. Requirements and Instructions

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 student at a public or private school or college in the Commonwealth during any period beginning on September 1st of any year and ending on August 31st of the following year, who operates a motor vehicle in Massachusetts that is registered in another state or country. This applies to students commuting from out-of-state to a school in Massachusetts and students temporarily residing in Massachusetts, whether living on campus or not. 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.

B. Nonresident Student Information

Last Nan	ne		First Na	ame	Middle Initia	al	Suffix	
Phone Number			Email A	ddress			<u> </u>	
Permane	nt Residential Address							
Address City		City	State	Zip Code	(Country		
Resident	ial Address While Attending	School						
Address		City	City		Zip State Code			
	NOTE: Report a	any change of permanent or	temporary a	address to the Poli	ce department and	the school		
Name of the School/College		Address	Address		ity/Town		State	
C. Ve	hicle Information			I				
Registration #		State, Province,	State, Province, or Country of Registration		Registration	Registration Expiration Date (MM//DD/YYYY)		
Year	Make	Model		Color	VIN #			
Vehicle Owner's Last Name			First Na	First Name		Middle Initial		
Vehicle Owner's Address				City			State	
D. Lia	ability Insurance I	nformation						

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., c. 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?

Name of Insurance Company and Address

Expiration Date of Policy (MM//DD/YYYY)

E. Certification and Signature

I swear (affirm), under the penalties of perjury, that the information I have provided is true and correct. I am aware that false statements are punishable by fine, imprisonment, or both.

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

Signature: _

Date: