

COMMONWEALTH OF MASSACHUSETTS
Board of Appeal on Motor Vehicle Liability Policies and Bonds
One South Station, Boston, MA 02110
(617) 351-9710 • FAX (617) 351-9021
<http://www.state.ma.us/doi>

**APPEAL OF A RULING/DECISION OF
THE REGISTRAR OF MOTOR VEHICLES**

Name: _____ Date of Birth: _____
Street: _____
City: _____ State: _____ Zip Code: _____
License #: _____ State: _____

Please read the entire form before submitting. The entire form MUST be completed before a hearing will be scheduled.

Have you ever had a hearing before the Board? Yes: _____ No: _____
Date of Hearing: _____

Do you have any other offenses pending? What is the offense? _____
In what state? _____

Date of Suspension: _____

Check Type of Suspension

- | | |
|--|--|
| <input type="checkbox"/> 30 days for 3 speeding tickets | <input type="checkbox"/> dealer/repair/farm plate |
| <input type="checkbox"/> 60 days for 7 surchargeable events | plate #: _____ |
| <input type="checkbox"/> no insurance | <input type="checkbox"/> handicapped plate/placard denial |
| <input type="checkbox"/> 60 days driving to endanger | <input type="checkbox"/> student transportation |
| <input type="checkbox"/> Operating under the influence (OUI) | <input type="checkbox"/> driving instructor cert. |
| <input type="checkbox"/> leaving the scene – property damage | <input type="checkbox"/> no I.D. |
| <input type="checkbox"/> leaving the scene – personal damage | <input type="checkbox"/> 180 days for Junior Operator with 2 speeding tickets |
| <input type="checkbox"/> drug charges | <input type="checkbox"/> 1 year for Junior Operator with 3 speeding tickets |
| <input type="checkbox"/> 4 year loss for habitual traffic offender | <input type="checkbox"/> driving school |
| <input type="checkbox"/> motor vehicle theft | name: _____ |
| <input type="checkbox"/> immediate threat | <input type="checkbox"/> CDL loss |
| <input type="checkbox"/> medical problem | <input type="checkbox"/> Vehicular Homicide (also must complete the Supplemental form) |
| <input type="checkbox"/> inspection station | <input type="checkbox"/> other: _____ |
| station name and #: _____ | |
| <input type="checkbox"/> CSL complaint fraud license | |

***** Please attach a copy of your suspension/revocation letter from the RMV to this appeal**

