

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 Name			First Name		Middle Initial	Suffix	
Phone Number			Email Address				
Permane	ent Residential Address						
Address Cit		City	State	Zip Code	Country		
	tial Address While Attending S	1			• • • • • • • • • • • • • • • • • • •		
Address		Cit	Citv		Zip State Code		
	NOTE: Report a	ny change of permanent of	r temporary a	ddress to the Police	e department and the school	1	
Name of the School/College		Address	Address		City/Town		
C. Ve	hicle Information					I	
Registration #		State, Province	State, Province, or Country of Registration		Registration Expiration Date (MM//DD/YYYY)		
Year	Make	Model		Color	VIN #		
Vehicle Owner's Last Name			First Na	me	Middle In	Middle Initial	
Vehicle Owner's Address				City		State	
D. Lia	ability Insurance Ir	formation					

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: