

I'm not robot!

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This side of application must be completed in the disabled person's name.
Please note the information required in this application may affect your driver's license.

- Incomplete application will not be processed and will be returned.
- **Both disabled person and healthcare provider must sign and date this application. The disabled person's information must be provided in sections A, B, and C. The healthcare provider must complete sections D and E.**
- This application must be submitted to Medical Affairs within thirty (30) days of the healthcare provider's certification.
- RMV Service Center locations do not process disability parking applications; dropping off at a service center location may add processing time.
- Additional documentation may be required.

A. Disabled Applicant Information

Last Name		First Name		Middle Name	Suffix
Date of Birth (MM/DD/YYYY)	Current Massachusetts Learner's Permit, Driver's License # (if applicable) or MA ID		What is your Social Security Number?		
Residential Address (Where you actually reside)					
Street (including #)	Apt. #	City	State	Zip Code	
Mailing Address <input type="checkbox"/> (same as above)					
Street (including #)	Apt. #	City	State	Zip Code	
Email		Phone Type		Phone #	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
Emergency Contact Information: (optional)					
Email		Name		Phone #	
				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

B. Service Type

Type: Placard..... No fee required for a placard. Disabled person is not required to have a vehicle registered in his/her name.
 Plate..... Only issued to individual who is primary owner with vehicle registered in his/her name. Registration fees apply.
 Motorcycle Plate..... Only issued to individual who is primary owner with vehicle registered in his/her name. Registration fees apply.
 DV Plate..... Only issued to individual who: a) is primary owner with vehicle registered in his/her name; b) provide the DV (Disabled Veteran) Plate Letter from the Veteran's Administration listing service-connected disabilities and total combined rating; c) has qualifying conditions which meet Medical Affairs guidelines and total at least 60% of the service-connected disability.

C. Certification and Signature of Applicant

Rules:

- It is illegal to allow someone to use your placard if you are not in the vehicle.
- It is illegal for an individual to have more than one placard (temporary or permanent).
- It is illegal to provide false information (persons can be prosecuted under Massachusetts Law).
- It is illegal to possess or display a counterfeit placard (altered or photocopied).
- It is illegal to forge a healthcare provider's signature.

Acknowledgment:

- I have read the rules.
- I understand misuse of disabled parking may result in high motor vehicle citation fines (\$500, first offense), license suspension terms, and the revocation of my disabled parking privileges.
- I certify under the penalty of perjury that all the information provided in this application, including the representation of my medical status/condition, is true and correct to the best of my knowledge.
- **AUTHORIZATION TO RELEASE MEDICAL RECORDS** - I hereby authorize the healthcare provider completing this form to discuss and release any or all medical records pertaining to its content with or to representatives of the RMV.
- For applicants for Disabled Veteran plates, I hereby authorize the Veteran's Administration to release medical information concerning my service connected disability rating(s).

I have reviewed this completed Application Form and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete.
I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature of Disabled Person: _____ Date: _____



MASSACHUSETTS DEPARTMENT OF REVENUE
2012 INTERNATIONAL FUEL TAX AGREEMENT (IFTA)
MASSACHUSETTS LICENSE APPLICATION
 Registration Period 01/01/2012 through 12/31/2012

1 Federal Employer Identification Number MA		2 US - DOT #	
3 Legal Name of Business		4 Trade Name (DBA)	
5 Business Address (Number and Street)		6 Mailing Address for license/decals/returns	
City	State	Zip Code	City State Zip Code
Business Telephone Number () -			
7 Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify)			
8 Office where fuel records are available for audit (if different from 5 or 6)			
9 Name of representative or agent (power of attorney must be filed)		Telephone Number () -	
Street Address		City	State ZIP Code
10 Check Registration Box for which you are applying: <input type="checkbox"/> Renewal <input type="checkbox"/> New <input type="checkbox"/> Additional Note: If you are traveling ONLY in Massachusetts, no IFTA license is required.			
11 Based on current Identification number listed on Line 1 enter the date you began or, if new date, then the date you will begin IFTA in Massachusetts			
12 Names, titles, last four digits of social security numbers and residence addresses of principal officers (President, Treasurer & Secretary) of corporation OR of members, partners, owners, etc.			
Name	Title	Last 4 digits of Social Security Number	Number & Street City or town, state, ZIP code
13 Type of fuel used (Check all that apply) <input type="checkbox"/> Diesel <input type="checkbox"/> Motor fuel gasoline <input type="checkbox"/> Ethanol <input type="checkbox"/> Propane (LPG) <input type="checkbox"/> CNG <input type="checkbox"/> A-55 <input type="checkbox"/> E-85 <input type="checkbox"/> M-85 <input type="checkbox"/> Gasohol <input type="checkbox"/> LNG <input type="checkbox"/> Methanol * Decal Orders are printed as a set of two decals.			
14 Number of IFTA vehicles _____ X \$8 cost per vehicle =		\$	
* Decals are not vehicle specific; extra decals can be ordered.			

Remit fees with application. Remittance must be in U.S. funds.

Make check payable to:
 Commonwealth of Massachusetts
 Mail to: IFTA Operations Unit
 PO Box 7027
 Boston, MA 02204
 Ph. (617) 887-5080

Official Use Only

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IFTA-1 Rev 08/10

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