



MASSACHUSETTS / NEW ENGLAND INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION

781-278-0077



miadaoffice@gmail.com

DEALER REASSIGNMENT OF TITLE (DRT-1) ORDER FORM

Instructions

The **Dealer Reassignment of Title** portion of the Massachusetts Registry of Motor Vehicles' (RMV) DRT-1 Form is a supplemental transfer document. It should be properly completed by a licensed Massachusetts dealer **only when all other dealer re-assignment spaces on the Certificate of Title form are complete**. This includes out-of-state titles that are transferred by a Massachusetts dealer.

You are applying for controlled forms that are tracked by the RMV and are to be used by your dealership only. They may **NOT** be shared with, or loaned to anyone. **The Control Number must be entered into your Used Vehicle Record Book.**

Improper use or improper completion of the DRT-1 Form, or failing to use it when required, may result in suspension or revocation of your general registration and "Dealer" plates. The RMV will notify the city/town of improper use and recommend license revocation.

What is required to obtain these forms?

This application form must be completed and submitted along with a copy of the dealer license issued by the city or town. A copy of the dealer license is only required with the first order in each calendar year.

Shipping & handling charges are a benefit of MIADA membership. Complete the dealer information section below & email to: miadaoffice@gmail.com. **We must have written request for your order. DRT-1's will be mailed via USPS. Ordering & shipping of DRT-1 forms is a membership privilege.** If you are not a member and would like to join, visit our website: www.miada.com or call us: 781-278-0077.

Dealer Information

Dealer Name		Date:	
Address	City	State	Zip Code
Business Phone Number:	Business Email Address:	Dealer License Number:	

Acknowledgments

Please check one:

- Yes, I have a Dealer Plate Number: _____
- No, I do not have Dealer Plates
- First time order each year, include copy of license from city/town
 - Reorder same year, copy of license not needed
 - Current year city/town license number: _____

Requested by:

Printed Name

Checking this box I acknowledge that I have read and understand the rules regarding use of the DRT-1 form.

Save completed form and email

along with a copy of current dealer's license to: miadaoffice@gmail.com

This area for MIADA staff use only

<input type="checkbox"/> Mailed	Number of Pads: _____	Date: _____
<input type="checkbox"/> Starting Number: _____		Ending Number: _____
<input type="checkbox"/> Picked up by: _____		Print Name: _____
<input type="checkbox"/> D/L Number: _____		
<input type="checkbox"/> Entered Date: _____		Mailed Date: _____