



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
 Erin C. Deveney, Registrar



Report and Affidavit of an Operating After Suspension / Revocation Incident

Download and save this fillable form. Type to complete all highlighted fields on the form and save the file. Email that file, along with any supporting documentation, to DCUOperatingAfterSuspension@massmail.state.ma.us

Date of Request: _____ Date of Incident: _____

Incident Location: _____ City / State: _____

Citation No. _____

Be advised that the person named below was cited for operating the vehicle referenced below after the suspension/revocation of his/her license or right to operate. (M.G.L. c.90, s.23)

OPERATOR INFORMATION

Name of Operator _____

Address _____ City _____ State _____ Zip _____

DOB _____ Exp. Date of License _____

License No. _____ Issuing State _____

VEHICLE INFORMATION

Vehicle Owner(s), If Different _____

Address _____ City _____ State _____ Zip _____

Registration No. _____ State _____

Exp. Date of Registration _____

Was subject arrested? Yes No Were number plates/registration confiscated? Yes No

Signed under the penalties of perjury this _____ day of _____, _____

Printed Name as Electronic Signature for Police Chief / Authorized Person: _____

Printed Name as Electronic Signature for Police Officer: _____

Police Department: _____

Documentation may also be printed and submitted to the Driver Control Unit via FAX (857-368-0014) or US Mail.

Mailing Address: Registry of Motor Vehicles, Driver Control Unit, P.O. Box 55896, Boston, MA 02205-5896