



# The Commonwealth of Massachusetts

## Registry of Motor Vehicles

### Vehicle Safety and Compliance Services

One Copley Place, 2nd Floor, Boston 02116

Kimberly Hinden  
Registrar

Mail:  
P.O. Box 199109  
Boston, MA 02119-9109  
Fax: (617) 351-9362

## Inspection Station Complaint Form

Note: Please fill out the following required information *completely*.

Name: \_\_\_\_\_ Registration (plate number): \_\_\_\_\_

Address: \_\_\_\_\_ Plate Type (passenger, etc): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

You will be contacted by a Registry of Motor Vehicles field investigator between the hours of 8:00 AM and 4:00 PM Monday through Friday. Please list a phone number where you can be reached during these hours.

Daytime Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color: \_\_\_\_\_

VIN Number: \_\_\_\_\_ Current Mileage on Vehicle \_\_\_\_\_

Inspection Station Name: \_\_\_\_\_ Station Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Test ID Number: \_\_\_\_\_ Date of Inspection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Inspector Name: \_\_\_\_\_ Inspector Number: \_\_\_\_\_

My complaint is:  Emissions related  Safety related  Both emissions & safety

I wish to:  Challenge The Inspector's Decision\*\*  File This Complaint  Request an Investigation

(\*\*Note: If the RMV determines the inspector was correct in failing your vehicle, it will cost you \$29)

**NOTE: Please attach a copy of your Vehicle Inspection Report to this form.**

Is your vehicle available for inspection during normal business hours? YES NO  
\_\_\_\_\_

Location: \_\_\_\_\_

Description of problem (use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date of Complaint \_\_\_\_ / \_\_\_\_ / \_\_\_\_