



# The Commonwealth of Massachusetts

## NOTICE DEFECTIVE VEHICLE EQUIPMENT

REG. NO. \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

### INSTRUCTIONS

Correct immediately the items circled. Have the notice signed by a Registry Inspector or by an approved adjuster at an Official Vehicle Inspection Station.

Failure to return this notice within 7 days will result in suspension of the certificate of registration.

Issued by \_\_\_\_\_ (Officer)

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Registry       | 4 <input type="checkbox"/> State Police |
| 2 <input type="checkbox"/> MDC            | 5 <input type="checkbox"/> Local Police |
| 3 <input type="checkbox"/> Capitol Police | City/Town _____                         |

The equipment checked is defective  
or illegal.

- |                     |                         |
|---------------------|-------------------------|
| 1. Brakes           | 5. Exhaust System       |
| 2. Lights           | 6. Windshield           |
| 3. Steering Linkage | 7. Number Plate         |
| 4. Tires            | 8. External Sheet Metal |
| Other _____         |                         |

REG. NO. \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

Items checked have been corrected  
(Inspector or adjuster)

Name \_\_\_\_\_  
Town \_\_\_\_\_

158598  
158598

PL  
STAMP  
HERE

PLEASE PRINT

Reg. No. \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

Vehicle Owners \_\_\_\_\_ (N)

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Operator \_\_\_\_\_ (N)

Please forward this notice to:

REGISTRY OF MOTOR VEHICLES  
EQUIPMENT SECTION  
100 NASHUA STREET  
BOSTON, MA 02114

The equipment checked is defective  
or illegal.

- |                     |                         |
|---------------------|-------------------------|
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| Other _____         |                         |

COMPLETE REVERSE SIDE