

School Year Beginning _____ month _____ year



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NONRESIDENT DRIVER STATEMENT

PLEASE PRINT

Pursuant to the provisions of M.G.L. c.90 § 3, as amended by chapter 46 of the acts of 2003, this form must be completed in quadruplicate by every nonresident enrolled as a student at a public or private school or college in the Commonwealth during any period beginning on September 1st of any year and ending on August 31st of the following year, who operates a motor vehicle in Massachusetts that is registered in another state or country. This applies to students commuting from out-of-state to a school in Massachusetts and students temporarily residing in Massachusetts, whether living on campus or not. This completed form must be filed with the Police department in the city or town where the school is located. The Police department must provide a copy to the school, the local assessor, and the RMV. The school will issue the required decal, which must be affixed to the uppermost center portion of the windshield. The penalty for a nonresident's failure to comply as required is up to \$200.00.

PART 1: NONRESIDENT STUDENT INFORMATION			
LAST NAME	FIRST	MIDDLE INITIAL	
PERMANENT LEGAL RESIDENTIAL ADDRESS	CITY/TOWN	STATE/ZIP	COUNTRY
RESIDENTIAL ADDRESS WHILE ATTENDING SCHOOL	CITY/TOWN	ZIP	
NOTE: REPORT ANY CHANGE OF PERMANENT OR TEMPORARY ADDRESS TO THE POLICE DEPARTMENT AND THE SCHOOL			
NAME OF SCHOOL/COLLEGE & ADDRESS	CITY/TOWN	ZIP	

PART 2: VEHICLE INFORMATION				
License Plate Number	STATE, PROVINCE, AND COUNTRY OF REGISTRATION		REGISTRATION EXP. DATE	
YEAR	MAKE	MODEL	COLOR	VEHICLE IDENTIFICATION NUMBER
VEHICLE OWNER S LAST NAME		FIRST	MIDDLE INITIAL	
VEHICLE OWNER S ADDRESS		CITY/TOWN	STATE	

PART 3: LIABILITY INSURANCE INFORMATION	
This vehicle can only be operated during such time as the owner thereof maintains in full force a policy covering all of the provisions in M.G.L., Ch. 90, Sec 3. Coverage sufficient to allow a "Yes" to both a) and b) is required.	
a) Does this policy provide at least \$20,000 coverage for injury or death to one person and \$40,000 coverage for injury or death to more than one person while the vehicle is being operated on the ways of Massachusetts? <input type="checkbox"/> YES <input type="checkbox"/> NO	
b) Does this policy provide indemnity for any operator of this vehicle while being operated with the express or implied consent of the owner? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF INSURANCE COMPANY & ADDRESS	EXPIRATION DATE OF POLICY

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IN EACH OF THE THREE PARTS IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT A COPY OF THIS FILING WILL BE PROVIDED TO THE LOCAL ASSESSOR WHERE I RESIDE.	
DID YOU RECEIVE A WRITTEN WARNING FROM YOUR SCHOOL INDICATING A PENALTY OF UP TO \$200.00 FOR YOUR FAILURE TO FILE THE COMPLETED NONRESIDENT DRIVER STATEMENT WITH THE POLICE DEPARTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNATURE _____	DATE _____

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Once this form is fully filled out, print it out, sign it, scan it and email it to NonResDriver@tufts.edu