



# Form MVU-5A

## Application for Certification/Recertification to the Motor Vehicle Leasing List

Rev. 4/99

**Massachusetts**  
**Department of**  
**Revenue**

All entries must be printed or typed, except for signatures.

Name of vendor \_\_\_\_\_ Telephone number \_\_\_\_\_

Address of vendor \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the owner and/or authorized representative of the above-named vendor and that the vendor holds vendor registration number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ issued by the Commissioner of Revenue and that the vendor is engaged in Massachusetts in the business of leasing and/or renting motor vehicles.

It is further certified that all motor vehicles which are or will be registered by the vendor under this certificate are or will be used **exclusively** for leasing or rental.

Please indicate the total number of motor vehicles of the vendor used for leasing/rental currently registered in Massachusetts: \_\_\_\_\_

Owner or authorized representative	Title	Date

Any person who willfully delivers or discloses to the Commissioner of Revenue any false or fraudulent statement shall be fined for not more than \$10,000 or \$50,000 in the case of a corporation, or by imprisonment for not more than one year, or both.

### Motor Vehicle Leasing List Questionnaire

**Definition:** The term motor vehicles, as it is used in this questionnaire, relates to all motor vehicles which are or will be registered to an individual or business on the Motor Vehicle Leasing List.

1. Does the business lease or rent motor vehicles?  Yes  No. If yes, please state type(s) of motor vehicle(s) leased or rented (check all that apply):  
 Automobiles  Trucks  Limousines  Taxis  Other: \_\_\_\_\_
2. Does the business lease or rent any of its motor vehicles to any of its employees?  Yes  No.
3. Please state whether the business for which certification is sought is a (check one):  
 Sole proprietorship  Corporation  Partnership  Trust  Other (explain): \_\_\_\_\_
4. Does the business lease or rent limousines? If yes, please state whether a chauffeur/driver is provided when such vehicles are leased or rented.  
 \_\_\_\_\_
5. If the business is a taxi company, are the taxis used exclusively for leasing or rental on all shifts? If not, please explain briefly.  
 \_\_\_\_\_
6. Please indicate all purposes for which the exempted motor vehicles will be used (check all that apply):  
 Lease  Courier  Private use  Business use  Taxi  Limousine service  Funeral service  
 Other (explain): \_\_\_\_\_

### Declaration

I declare under the pains and penalties of perjury that I have reviewed this application and the statements I have made in it and declare that they are true.

Signature	Title	Date

Mail to: **Massachusetts Department of Revenue**  
**Customer Service Bureau**  
**Motor Vehicle Leasing Certification**  
 PO Box 7010  
 Boston, MA 02204  
 (617) 887-MDOR