

**CITY CLERK'S OFFICE
SPRINGFIELD, MASSACHUSETTS**

Date _____

TRANSPORTATION SERVICE REGISTRATION

Company Name/Owner Name

Incorporated Y or N
(Please Circle)

Type of Incorporation _____

Business Address

City

State

of Vehicles

ICC # (if applicable)

List Plates

Insurance Carrier

Coverage

Primary Use of Vehicles

Spfld Police Inspection _____

Owner: _____

Home Address: _____

Phone # _____