

Mass Highway asked about this type of unit a few years ago and here is what we said (there's happened to be a Bob Cat but it's still a sidewalk plow):

In the opinion of the Massachusetts RMV, a Bobcat (Skid Steer) is not a motor vehicle required to be registered under Massachusetts law. The provisions of M.G.L. c. 90 Section 1 exempt vehicles from registration which are: "vehicles used for other purposes than the transportation of property and incapable of being driven at a speed exceeding twelve miles per hour and which are used exclusively for the building, repair and maintenance of highways or designed especially for use elsewhere than on the travelled part of ways." The Registrar believes that this slow moving vehicle is designed especially for use elsewhere than on the traveled part of ways.

Any operation of a skid steer on a public way must only be "incidental" to its primary use as an off-public way utility vehicle, e.g., the operator cannot use it to travel an "appreciable" distance on the way to go for coffee or travel such a distance on a public way while carrying building materials or debris. Any "incidental" operation on a public way must be done when it is safe to do so. If the vehicle has to cross a road or state highway that has not been closed to traffic it should only be done when a police officer is directing traffic. The RMV believes a small skid steer may be used to plow sidewalks, without registration, along a public street if trailered to the starting point and trailered from the finishing point. Any crossing of a public way to get to the next portion of sidewalk needing to be plowed may be considered "incidental" unless the street to be crossed is a "main street or a highway." Then, a police officer directing traffic would be needed.

Hope this helps,
Liz



Registration and Title Application

A. Service Type

Select the transaction to be performed.
Provide the plate number below if applicable.

Plate Type Municipal Plate Number MVN

Transactions/Amendments in **bold** require an insurance stamp.

Italicized transactions may require an insurance stamp.

Transactions with * require plate type and number above.

I want to:

- Register and title a vehicle**
- Transfer plate to a new vehicle***
- Reinstate a registration**
- Apply for a salvage title
- Apply for a title only
- Apply for a registration only**
- Transfer a plate between two vehicles***
- Register previously titled vehicle**
- Title previously registered vehicle*
- Transfer vehicle to surviving spouse***

*Change plate on existing vehicle with no amendments**

*Renew a registration**

*Amend a registration**

Select the information to be amended.

Enter new information in the section indicated.

Registration Type (B 3.) Address (D, E or F)

Color (B 4.) Lessee (E)

Fuel Type (B 8.) Garaging Address (G)

Total Gross Weight (B 12.) **Insurance (K)**

Name (D or F) Other: _____

VIN (B 1.) For vehicles with no MA Title

B. Vehicle Information

B1. Vehicle Identification Number (VIN)

M T 7 - 1 8 4 5

B2. Body Style

ROPS CAB

B3. Registration Type: Passenger Commercial Bus Livery Camper

Trailer Taxi Motorcycle Semi-Trailer Other: TRACKLESS MVN

B4. Color(s): Black White Brown Blue Yellow Gray

Purple Green Orange Red Silver Gold

B5. Year

2023

Make

TRACKLESS

Model

MT

Model#

7

Trim

B6. Transmission Type: Automatic

Other: _____ Manual

B7. Number of: Cylinders / Passengers / Doors

4 / 1 / 1

B8. Fuel Type: Gas

Electric Propane

Diesel

Hybrid Other: _____

B9. Odometer (Miles)

5

B10. Bus: Regular DPU School Bus School Pupil

School Pupil/Taxi School Pupil/Livery

B11. If carrying passengers for hire,

enter max seating capacity _____

B12. Total Gross Weight (Laden)

Cannot exceed GVWR 14,000 LBS

C. Title Information

C1. Vehicle Condition

New

Used

C2. Previous Title Issue Date (MM/DD/YYYY)

C3. Previous Title Number

Previous Title State

Previous Title Country

C4. Title Type: Clear Salvage Reconstructed

Theft Prior Owner Retained Owner Retained

C5. Primary Salvage Title Brand:

Repairable Parts Only

C6. Secondary Salvage Brand(s): Vandalism Flood

Theft Fire Salt Collision Other

D. Owner 1 Information

D1. Select Owner(s) Identification Requirement being provided for registration purposes

Out-of-State License Out-of-Country License Social Security Number MA License/ID Lawful Presence

D2. 1st Owner's Name (Last, First, Middle)

D3. Date of Birth (MM/DD/YYYY)

D4. License#/ ID#/ SSN

D5. Residential Address

Apt.#

City

State

Zip Code

D6. State/Country of License/ID

D7. Mailing Address

Same as Residential

Apt.#

City

State

Zip Code

D8. Exp. Date of License/ ID/ Lawful Presence

D9. Email

Cell

Home

Work

Phone#

Owner 2 Information

D10. Select Owner(s) Identification Requirement being provided for registration purposes

Out-of-State License Out-of-Country License Social Security Number MA License/ID Lawful Presence

D11. 2nd Owner's Name (Last, First, Middle)

D12. Date of Birth (MM/DD/YYYY)

D13. License#/ ID#/ SSN

D14. Residential Address

Apt.#

City

State

Zip Code

D15. State/Country of License/ID

D16. Mailing Address

Same as Residential

Apt.#

City

State

Zip Code

D17. Exp. Date of License/ ID/ Lawful Presence

D18. Email

Cell

Home

Work

Phone#

E. Lessee Information / In Custody of

E1. 1st License #/ ID #/ SSN/ FID

E2. 1st Lessee or Corp/Co/Organizations Name

E3. 1st Lessee Address

E4. 2nd License #/ ID #/ SSN/ FID

E5. 2nd Lessee or Corp/Co/Organizations Name

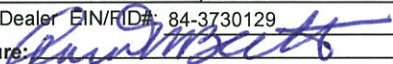
E6. 2nd Lessee Address

F. Business Owner Information		F1. Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone#	
F2. EIN/FID E046-001-069	F3. Corp/Co/Organization/Lessor Name TOWN OF ANDOVER	F4. USDOT#	F5. TIN#
F6. DBA Dealer - Farmer - OC - Repair - and Transporter use only		F7. SSN if Sole Proprietor	

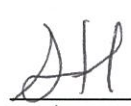
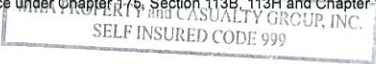
F8. Physical Address 36 BARTLETT STREET	Apt.#	City ANDOVER	State MA	Zip Code 01810
F9. Mailing Address <input checked="" type="checkbox"/> Same as Physical Address	Apt.#	City	State	Zip Code

G. Garaging Address Address where vehicle is principally garaged.				
G1. Address 36 BARTLETT STREET	Apt.#	City ANDOVER	State MA	Zip Code 01810

H. Lienholder Information The bank, financial institution, or private party that financed your vehicle loan.		
1st Lien Code	Name	Address
2nd Lien Code	Name	Address
3rd Lien Code	Name	Address

I. Sales or Use Tax Schedule		Numbers 11 or 12 must be completed by a licensed dealer. Number 13 must be completed for all casual/private sales. Number 14 is completed for sales tax exemptions by the RMV.	
I1. Sale by Licensed Motor Dealer EIN/FID#: 84-3730129 Authorized Dealer's Signature:  MSRP: _____ Total Sales Price: \$257,130.00 Less Manufacturers Excise: _____ Trade-In 1 VIN: 53400417H Less Trade-In Allowance: \$12,500.00 Year: 2015 Make: HOLDER Model: C9.92 Trade-In 2 VIN: _____ Less Trade-In Allowance: _____ Year: _____ Make: _____ Model: _____ Taxable Sales Price: _____ MA Sales Tax Paid: EXEMPT		I2. Sale By Auction Sale Price including Buyer's Premium: _____ I3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale) Gross Sale Price (Proof Required): _____ MA Sales/Use Tax: _____ Out of State Sales Tax Previously Paid: _____ State that Sales Tax was Paid to: _____ I4. Claim Exemption Code Form Attached (If Required) _____	

J. Purchase Information		J1. Purchase Date: 11/01/2022	J2. Is this vehicle being converted from another state with the same owner? If Yes, answer questions J3-J5 below <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J3. MA Resident at Time of Purchase? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	J4. Was Mass Sales Tax Previously Paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J5. Proof of Tax or Letter of Delivery provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

K. Insurance Information		The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant herein before named with respect to the motor vehicle herein before described for a period at least coterminous with that of such registration under a motor vehicle liability policy, binder or bond which conforms to the provisions of general laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 113H and Chapter 175E.		
K1. Insurance Company MIAA		 Insurance Company's Authorized Representative's Signature		
K2. Insurance Code 999	K3. Effective Date of Insurance 7/1/22			
K4. Self Insured? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	K5. Policy Change Date 11/16/22			
L. Seller Information				
L1. Seller Name (Please Print) C.N. WOOD ENVIRO, LLC				

L2. Address 200 MERRIMAC STREET	Apt.#	City WOBURN	State MA	Zip Code 01801
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M. Certification and Signature of Applicant(s)		Application not complete without all required signatures.	
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I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Section are true and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commission of perjury under Chapter 90, Section 28 and punished as such under M.G.L. c. 266, § 1.

Signature: Owner/Lessee 1 	Date: 11/16/22
Signature: Owner/Lessee 2	Date:

MANUFACTURER'S STATEMENT OF ORIGIN FOR A MOTOR VEHICLE

Date of Transfer Invoice Number
10/11/2022 065192

The undersigned CORPORATION hereby certifies that the new motor vehicle described below, is the property of said CORPORATION, and is transferred to:

C.N. Wood Enviro, LLC

(Address, Distributor, Dealer, etc.)

**200 Merrimac Street
Woburn, MA
01801**

(Address, City and Province/State)

Trade Name	Trackless MT	Year	2023	Series	VII Diesel
Body Type	ROPS Cab	No. Cylinders	4 cylinder		
Engine No.	PE4045U158600	Serial Number	MT7-1845		
H.P. (SAE)	74 HP	Shipping Weight	6923lbs	3140kg	

The CORPORATION further certifies that this was the first transfer of such new motor vehicle in ordinary trade and commerce.

TRACKLESS VEHICLES LIMITED

(Corportation)

By: _____



Sonja Neuman - Accounting

**BOX 244 - 55 THUNDERBIRD DRIVE
COURTLAND, ONTARIO, CANADA
N0J 1E0**

(Address, City and Province/State)

MT7-1845