



Department of the Secretary of State
Bureau of Motor Vehicles

STATEMENT OF FACTS
PLATES NEVER USED—PLATES NEVER RECEIVED

I, _____ of _____
First/Last Name City/Town
in the County of _____, hereby certify that I have:

never used plates *

never received plates

(_____) _____, issued in connection with the registration of my motor vehicle
Class Plate Number

Year Make Model Vehicle Identification Number

If I am eligible, I would like to request a registration fee refund for these never used plates. *

Signature _____
(Printed signature not accepted.)

STATE OF MAINE _____ County, ss.

Personally appeared the above named _____
and made oath that the statements contained in the foregoing application are true.

Before me, _____
(Notary Public/Attorney)