

APPLICATION AND ASSIGNMENT OF NEW VEHICLE IDENTIFICATION NUMBER

**SECRETARY OF STATE
BUREAU OF MOTOR VEHICLES
DIVISION OF TITLE SERVICES**



**\$33.00 FEE REQUIRED
Make checks payable to
SECRETARY OF STATE**

OWNERS LEGAL NAME				DATE OF BIRTH	
CURRENT STREET ADDRESS			CITY	STATE	ZIP
APPLICATION DATE		HOME PHONE		WORK PHONE	
YEAR	MAKE	MODEL	BODY TYPE	MISSING VEHICLE IDENTIFICATION NUMBER – IF KNOWN	
EXACT CURRENT LOCATION OF VEHICLE –STREET ADDRESS			CITY	STATE	ZIP
NET WEIGHT - IF TRAILER		CC - IF MOTORCYCLE		ENGINE NUMBER – IF MOTORCYCLE	
<p>Subject to inspection by a Bureau of Motor Vehicle detective, the undersigned makes this application for a new Vehicle Identification Number, to be assigned permanently to the vehicle listed above. If this vehicle is 25 model years or newer and subject to Maine title law, the applicant agrees to submit an Application for Certificate of Title (MVT-2).</p> <p style="text-align: center;">I certify that I am the owner of the vehicle described above and that said vehicle requires a Vehicle Identification Number because (CHECK ONE REASON BELOW):</p> <p> <input type="checkbox"/> Number was destroyed or obliterated <input type="checkbox"/> Homemade vehicle <input type="checkbox"/> Other (Explain) _____ </p> <p style="text-align: center;">_____</p> <p style="text-align: center;">OWNER'S SIGNATURE</p> <p style="text-align: center;">IMPORTANT – PLEASE ALSO READ AND COMPLETE THE BACK OF THIS FORM ➡</p>					
FOR BMV USE ONLY		SPECIAL MOTOR VEHICLE CERTIFICATION		FOR BMV USE ONLY	
This permanent Vehicle Identification Number has been properly affixed to the vehicle described above.				M	E
DETECTIVE'S NAME (PLEASE PRINT CLEARLY)			DETECTIVE'S SIGNATURE		
DATE NUMBER AFFIXED	ODOMETER READING	COMMENTS			

101 Hospital Street, #29 State House Station, Augusta, ME 04333-0029 Tel. (207) 624-9000 ext. 52138

Fax: (207) 624-9239 TTY Users call Maine Relay 711

