

## STATE OF MAINE - BUREAU OF MOTOR VEHICLES

## **Statement of Fact**

## **ACTIVE DUTY SERVICE MEMBERS EXCISE TAX EXEMPTION**

Name:		DOB: _	
Unit:		Phone:	:
Station/Base:			
Home of Record (legal address claime	d for tax purposes)	:	
Commander's Certification:			
☐ This individual is on active duty and Eligibility expiration date:	_	signed to the unit an	d station identified above.
☐ This individual is (or was) deployed consecutive days. Dates of deploym	-		_
(Commander or Commander's Agent Printed Name) (Commander or Comm		nder's Agent Signature)	(Date)
BMV USE Plate #:	Class Code:	Date:	Initials:

This statement must be completed at the time of registration and re-registration.

MV-7 (10/2024)