

FORM REQUEST SHEET



IMPORTANT NOTE:
 ORDER YOUR FORMS AT LEAST
TWO WEEKS IN ADVANCE AND
 ORDER A **MINIMUM OF A**
TWO WEEK SUPPLY.

**GIVE STREET ADDRESS (NOT P.O. BOX) FOR PROPER DELIVERY.
 PLEASE TYPE OR PRINT NEATLY IN DARK INK.**

NAME: _____ DEALER NUMBER: _____

SHIPPING ADDRESS: _____

FORM NAME <small>Please order in increments of 25 if a full package is not required</small>	PACK QUANTITY	FORM NUMBER	TOTAL FORMS REQUESTED
APPLICATION FOR CERTIFICATE OF TITLE	100	MVT-2	
PRE-VALIDATED CERTIFICATE OF TITLE APPLICATIONS - INCREMENTS OF 50 <u>MUST INCLUDE PAYMENT WITH ORDER - \$33.00 PER APPLICATION</u>	50	MVT-2A	
REQUEST FOR WITHDRAWAL	500	MVT-3	
AFFIDAVIT OF REPOSSESSION	500	MVT-5	
APPLICATION FOR NEW VEHICLE IDENTIFICATION NUMBER	500	MVT-6	
REQUEST FOR DUPLICATE CERTIFICATE OF TITLE	500	MVT-8	
INSPECTION OF VIN	500	MVT-10	
RELEASE OF LIEN	500	MVT-12	
TRANSFER AND REASSIGNMENT OF OWNERSHIP	500	MVT-16	
AFFIDAVIT OF SURVIVING SPOUSE/PERSONAL REPRESENTATIVE	500	MVT-22	
NOTICE TO SECRETARY OF STATE OF AN UNCLAIMED VEHICLE	500	MVT-28	
FEE SCHEDULE	500	MVT-29	
ODOMETER INFORMATION	500	MVT-32	
AFFIDAVIT OF OWNER OF AN ANTIQUE AUTO	500	MVT-34	
INFORMATION ON JOINT/COMMON OWNERSHIP	500	MVT-36	
FORM REQUEST SHEET	500	MVT-44	
ASSIGNMENT OF LIEN	500	MVT-48	
RELEASE OF LIEN NOTIFICATION	500	MVT-53	
NOTIFICATION OF SCRAPPED VEHICLE BY RECYCLER	500	MVT-54	
TITLE APPLICATION SUMMARY LOG	100	MVT-56	
APPLICATION FOR CERTIFICATE OF SALVAGE	250	MVT-102	
DISPOSITION OF SALVAGE VEHICLE	500	MVT-103	
NOTICE OF SALE — DEALER SALE ONLY	250	MVD-15	<input type="checkbox"/> REGULAR
PLEASE SPECIFY "REGULAR" OR "TRACKFEED"	2000/case	MVD-15A	<input type="checkbox"/> TRACKFEED



Bureau of Motor Vehicles Form Request Sheet

PAYMENT ONLY NECESSARY FOR MVT-2A – PREVALIDATED TITLE APPLICATIONS

ALL OTHER FORMS ARE FREE OF COST

Payment information

Please make check or money order payable to **Secretary of State** and send to: **Bureau of Motor Vehicles, Title Division, 101 Hospital Street, 29 State House Station, Augusta, ME, 04333**

Or payment may be made by credit/debit card. Please complete the section below if you choose to pay by credit/debit card.

If you have any questions, please contact Title Services at 207-624-9000 ext. 52138.

Credit/Debit Card Number: _____

Expiration Date: _____ **Zip Code:** _____

Name as it appears on the credit/debit card: _____

Signature of card holder: _____