

# 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. The applicant also agrees to submit an application for a title certificate (MVT-2) to bear the new number, if this vehicle is 1995 or newer and subject to Maine title law.</p> <p style="text-align: center;"><b>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):</b></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;"><b>IMPORTANT – PLEASE ALSO READ AND COMPLETE THE BACK OF THIS FORM</b> ➡</p>											
<b>FOR BMV USE ONLY</b>		<b>SPECIAL MOTOR VEHICLE CERTIFICATION</b>		<b>FOR BMV USE ONLY</b>							
This permanent Vehicle Identification Number has been properly affixed to the vehicle described above				<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center; width: 20px;">M</td> <td style="text-align: center; width: 20px;">E</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>		M	E				
M	E										
INSPECTOR'S NAME (PLEASE PRINT CLEARLY)			INSPECTOR'S SIGNATURE								
DATE NUMBER AFFIXED	ODOMETER READING	COMMENTS									

