Department of
the Secretary of State
Bureau of Motor Vehicles

Matthew Dunlap
Secretary of State

Patty A. Morneault
Deputy Secretary of State

Garry Hinkley
Director of Vehicle Services

STATE OF MAINE
APPLICATION FOR EXPERIMENTAL MOTOR VEHICLE
Reference Title 29-A Section 470

Inventor Name: _____

Inventor Business Location: _____

Phone Number: _____

Check business type: ☐ Individual ☐ Partnership ☐ Corporation
If corporation, give State of incorporation: _____

Description of experimental motor vehicle: (Please include photographs of vehicle)
_____
_____
_____

Please list names and address of each partner or officer of the corporation:

_____

_____

_____

_____

I (We) the undersigned hereby make application for experimental motor vehicle plates and do hereby affirm that I (we) understand the law as it pertains to the use of said plates and do hereby affirm that I (we) agree to submit all required insurance documents and submit to an inspection of the business facility by a representative of the Bureau of Motor Vehicles prior to approval.

_____
(Signature) (Title) (Date)

_____
(Signature) (Title) (Date)

_____
(Signature) (Title) (Date)

Number of Plates _____ *x $20.00* = *$* _____

Total Fees _____ *$* _____

Motor Vehicle Use Only
Plate # _____ *# of plates:* _____

MVD-351 (Rev. 3-2013)

101 Hospital Street, 29 State House Station, Augusta, ME 04333-0029 Tel. 207-624-9243
TTY Users call Maine relay 711 E-mail: BMVDealer/Agent@maine.gov