	Number of Perm	nits Requesting:	
		for up to seven (7) days (including the do acomplete applications cannot be pro-	
demonstration is	legal within the boundar ction. This operation is d	ith not more than the limit of 600 pour ries of Maine. There is no guarantee demonstration only and is only valid f	that this permit will be accepted

Department of the Secretary of State **Bureau of Motor Vehicles**

Application for Pre-validated Permit to Demonstrate

(Fee: \$1.00 per permit)

City/Town

Dealer Contact Person: _____ Phone Number: _____

Dealer plate number being used (include suffix):

Zip

in

Legal Dealer Name:

DBA (if applicable):

Dealer Address:

Street

Application may be emailed to: **Dealerlicensing.bmv@maine.gov** Or faxed to: (207) 624-9126

Please make check or money order payable to the Secretary of State and mail to the Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta, ME 04333.

Or, payment may be made by credit card:					
	Type:	🗆 Visa	□ MasterCard	Discover	American Express
	Credit/Debit Card Number: Expiration Date:				
				Zip Code:	
	Name	on Credit C	Card:		

MVD-373 Rev 03/2021 101 Hospital Street, #29 State House Station, Augusta, Me 04333-0029 Tel. (207) 624-9000 Ext. 52143 Fax: (207) 624-9126 TTY Users call Maine relay 711