

## State of Maine Bureau of Motor Vehicles Application for Nonprofit Status Reference Title 29-A §951 Subchapter 3(4) and Title 10, Chapter 217

Please print and use blue or black ink only.		Application fee: \$150.00
Legal Business Name:		
DBA (if applicable):		
Physical Address:Street	City/Town/State	Zip
Mailing Address:Street	City/Town/State	Zip
Phone Number: Fax Number:	Email:	
Retail Certificate Number (sales tax number):	EIN Number:	
State of Jurisdiction of Incorporation: A Maine Other:	Jurisdiction	
Primary Contact Person:		Contact Phone Number
State of Maine Registered Agent's Name:		
Agent's Contact Person:	Agent's Phone Number:	
Agent's Mailing Address: PO Box/Street	City/Town/State	Zip
Agent's Physical Address:	City/Town/State	Zip

## Please be sure to include the following:

Copy of the Certificate of Organization **or** Copy of Authority to Carry on Activities (if Foreign Nonprofit Corporation) along with the application fee.

The undersigned hereby certifies that all the information contained herein is true and correct to the best of my/our knowledge and belief; and they are in compliance with the Secretary of State, Bureau of Corporations, Elections and Commissions, Division of Corporation Chapter 260 Rules for Nonprofit Corporations under Title 13-B, MRSA Title 29-A, Title 10, Chapter 217 and rules regarding the sale of vehicles; and the undersigned hereby understands they must maintain a Certificate of Training.

If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

Date



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Payment Information		
Please make check or money order payable to Secretary of State and send to: Bureau of Motor Vehicles, Dealer Licensing, 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 Dealer Licensing at (207) 624-9000 ext. 52143.		
Card Type: 🗌 Visa 🔹 Mastercard 🔹 Discover 🔹 American Express		
Credit/Debit Card Number:		
Expiration Date: Zip Code:		
Name as it appears on the credit/debit card:		
Signature of card holder:		