

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

Signature of authorized person	n	Printed name	Official title Date
If representing a company, I	further certify that I have be	een authorized by the company to sign	on their behalf.
belief; and they are in compl Corporation Chapter 260 Rule	iance with the Secretary of Seles for Nonprofit Corporation	contained herein is true and correct to State, Bureau of Corporations, Election ons under Title 13-B, MRSA Title 29-A by understands they must maintain a Ce	as and Commissions, Division of A, Title 10, Chapter 217 and rules
Copy of the Certificate of Or with the application fee.	ganization or Copy of Auth	ority to Carry on Activities (if Foreign	Nonprofit Corporation) along
Please be sure to include th	e following:		
Agent's Physical Address: _	Street	City/Town/State	Zip
Agent's Mailing Address: Agent's Physical Address:	PO Box/Street	City/Town/State	Zip
		Agent's Phone Nur	mber:
Ctata of Maina Danistana I A	• •		Contact Phone Number
Primary Contact Person:	Full Name (please print)	Jurisai	
State of Jurisdiction of Incorp	poration: Maine	Other:Jurisdi	otion
Retail Certificate Number (sa	ales tax number):	EIN Number	:
Phone Number:	Fax Number:	Email:	
Stree		City/Town/State	Zip
Stree Mailing Address:	et	City/Town/State	Zip
Physical Address:			
DBA (if applicable):			
Legal Business Name:			
Please print and use blue or	r black ink only.		Application fee: \$150.00



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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: Usa 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:			