



Department of the Secretary of State  
Maine Bureau of Motor Vehicles

Fee \$5.00

Validation Stamp

**REQUEST FOR A DUPLICATE REGISTRATION CERTIFICATE**

Name on the registration: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Plate No. \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

1. Is your registration or privilege to register now under suspension?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. Are you required to file an SR-22 certificate of insurance with the Bureau of Motor Vehicles?

\_\_\_\_\_ YES \_\_\_\_\_ NO

I hereby request a duplicate registration for the vehicle described above in the information provided is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date