



Department of
the Secretary of State
Bureau of Motor Vehicles

Application for a Permit to Demonstrate

Please print and use blue or black ink only.

Permit fee: \$1.00

This demonstration is to be conducted with not more than the limit of 600 pounds per inch of the tire width. This demonstration is legal within the boundaries of the State of Maine. There is no guarantee that this permit will be accepted in any other jurisdiction. This operation is for demonstration only and is only valid for up to seven (7) days, including the date of issuance.

Owner's name: _____

Legal business name: _____

DBA (if applicable): _____

Business physical address: _____

Street

City/Town/State

Zip

Business phone number: _____ Business fax number: _____

Contact person: _____ Contact phone number: _____

Please complete the vehicle and customer information below.

Vehicle identification number: _____

Vehicle model year: _____ Vehicle make: _____

Dealer plate number being used: _____ Effective date: _____

Letter of plate being used: _____ End date: _____

Seven (7) Days from Effective Date

Customer demonstrating vehicle: _____

First name

Last name

Legal company name (if applicable): _____

Driver's license number of the person demonstrating the vehicle: _____
(driver's license information is required)

License number

State issued

Customer's physical address: _____

Street

City/Town/State

Zip

Demonstrating will be within a 250 mile radius of: _____

(Municipality)

Application may be emailed to: Dealerlicensing.bmv@maine.gov

Or faxed to: (207) 624-9126

The undersigned hereby certifies that all the information contained herein is true and correct to the best of my/our knowledge and belief. If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

Signature of authorized person

Printed name

Official title

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: _____