



**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: ☐ Maine ☐ Other: _____
Jurisdiction

Primary Contact Person: _____
Full Name (please print) 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: _____
Street 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.

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: _____