

FORM REQUEST SHEET

BUREAU OF MOTOR VEHICLES
29 STATE HOUSE STATION
AUGUSTA ME 04333-0029



IMPORTANT NOTE:
ORDER YOUR FORMS AT LEAST
TWO WEEKS IN ADVANCE
AND ORDER A MINIMUM OF A
TWO WEEK SUPPLY.

GIVE STREET ADDRESS (NOT PO BOX) FOR PROPER DELIVERY.
PLEASE TYPE OR PRINT NEATLY IN DARK INK.

NAME _____ DEALER NUMBER: _____
SHIPPING ADDRESS _____
CITY, STATE, ZIP _____

FORM NAME Please order in increments of 25	FORM NUMBER	TOTAL FORMS REQUESTED
APPLICATION FOR CERTIFICATE OF TITLE	MVT-2	
PRE-VALIDATED CERTIFICATE OF TITLE APPLICATIONS INCREMENTS OF 50 ONLY - MUST INCLUDE CHECK WITH ORDER	MVT-2A	
REQUEST FOR WITHDRAWAL	MVT-3	
AFFIDAVIT OF REPOSSESSION	MVT-5	
APPLICATION FOR NEW VEHICLE IDENTIFICATION NUMBER	MVT-6	
REQUEST FOR DUPLICATE CERTIFICATE OF TITLE	MVT-8	
INSPECTION OF VIN	MVT-10	
RELEASE OF LIEN	MVT-12	
TRANSFER AND REASSIGNMENT OF OWNERSHIP	MVT-16	
AFFIDAVIT OF SURVIVING SPOUSE/PERSONAL REPRESENTATIVE	MVT-22	
NOTICE TO SECRETARY OF STATE OF AN UNCLAIMED VEHICLE	MVT-28	
FEE SCHEDULE	MVT-29	
ODOMETER INFORMATION	MVT-32	
AFFIDAVIT OF OWNER OF AN ANTIQUE AUTO	MVT-34	
INFORMATION ON JOINT/COMMON OWNERSHIP	MVT-36	
FORM REQUEST SHEET	MVT-44	
ASSIGNMENT OF LIEN	MVT-48	
RELEASE OF LIEN NOTIFICATION	MVT-53	
NOTIFICATION OF SCRAPPED VEHICLE BY RECYCLER	MVT-54	
TITLE APPLICATION SUMMARY LOG	MVT-56	
APPLICATION FOR CERTIFICATE OF SALVAGE	MVT-102	
DISPOSITION OF SALVAGE VEHICLE	MVT-103	
NOTICE OF SALE - DEALER SALE ONLY	MVD-15	



Bureau of Motor Vehicles Form Request Sheet

PAYMENT ONLY NECESSARY FOR MVT-2A – PREVALIDATED TITLE APPLICATIONS

ALL OTHER FORMS ARE FREE OF COST

Payment information

Please make check or money order payable to **Secretary of State** and send to: **Bureau of Motor Vehicles, Title Division, 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 Title Services at 207-624-9000 ext. 52138.

Credit/Debit Card Number: _____

Expiration Date: _____ **Zip Code:** _____

Name as it appears on the credit/debit card: _____

Signature of card holder: _____