

# FORM REQUEST SHEET



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

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

NAME: \_\_\_\_\_ DEALER NUMBER: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

FORM NAME Please order in increments of 25 if a full package is not required	PACK QUANTITY	FORM NUMBER	TOTAL FORMS REQUESTED
APPLICATION FOR CERTIFICATE OF TITLE	100	MVT-2	
PRE-VALIDATED CERTIFICATE OF TITLE APPLICATIONS - INCREMENTS OF 50 <u>MUST INCLUDE PAYMENT WITH ORDER - \$33.00 PER APPLICATION</u>	50	MVT-2A	
REQUEST FOR WITHDRAWAL	500	MVT-3	
AFFIDAVIT OF REPOSSESSION	500	MVT-5	
APPLICATION FOR NEW VEHICLE IDENTIFICATION NUMBER	500	MVT-6	
REQUEST FOR DUPLICATE CERTIFICATE OF TITLE	500	MVT-8	
INSPECTION OF VIN	500	MVT-10	
RELEASE OF LIEN	500	MVT-12	
TRANSFER AND REASSIGNMENT OF OWNERSHIP	500	MVT-16	
AFFIDAVIT OF SURVIVING SPOUSE/PERSONAL REPRESENTATIVE	500	MVT-22	
NOTICE TO SECRETARY OF STATE OF AN UNCLAIMED VEHICLE	500	MVT-28	
FEE SCHEDULE	500	MVT-29	
ODOMETER INFORMATION	500	MVT-32	
AFFIDAVIT OF OWNER OF AN ANTIQUE AUTO	500	MVT-34	
INFORMATION ON JOINT/COMMON OWNERSHIP	500	MVT-36	
FORM REQUEST SHEET	500	MVT-44	
ASSIGNMENT OF LIEN	500	MVT-48	
RELEASE OF LIEN NOTIFICATION	500	MVT-53	
NOTIFICATION OF SCRAPPED VEHICLE BY RECYCLER	500	MVT-54	
TITLE APPLICATION SUMMARY LOG	100	MVT-56	
APPLICATION FOR CERTIFICATE OF SALVAGE	250	MVT-102	
DISPOSITION OF SALVAGE VEHICLE	500	MVT-103	
NOTICE OF SALE — DEALER SALE ONLY	250	MVD-15	<input type="checkbox"/> REGULAR
PLEASE SPECIFY "REGULAR" OR "TRACKFEED"	2000/case	MVD-15A	<input type="checkbox"/> TRACKFEED



## 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:** \_\_\_\_\_