

**STATE OF MAINE**  
**APPLICATION FOR FIREFIGHTER PLATES**

I, \_\_\_\_\_  
(NAME OF APPLICANT)

of \_\_\_\_\_,  
(STREET) (TOWN) (ZIP CODE)

an active member of the \_\_\_\_\_ Fire Department, hereby make application for a firefighter plate and enclosed is the **one-time \$5.00 plate fee** and a **copy of my current registration** to which the plate will be assigned. I fully understand should I cease to be a firefighter, the Fire Chief shall immediately notify the Secretary of State. I understand the plate must be returned to the Secretary of State unless I retire from the department and the Fire Chief authorizes me to continue to use my firefighter plates.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

**FIRE CHIEF'S CERTIFICATE:**

I hereby certify that the person above named is an active member of the \_\_\_\_\_ Fire Department. I understand that should this person cease to be a member of this Fire Department, I will notify the Secretary of State, Bureau of Motor Vehicles.

**I have assigned plate number \_\_\_\_\_ to the above Firefighter.**

☐ **Check here if vanity plate is desired:** The fee for a vanity plate is \$25.00; the fee for firefighter plates is a one-time \$5.00 fee. Please submit this application along with a vanity plate application (MV-45), a copy of your current registration, and the appropriate fee.

\_\_\_\_\_  
(SIGNATURE OF FIRE CHIEF, ACTING FIRE CHIEF, OR ASSISTANT FIRE CHIEF)

\_\_\_\_\_  
(TITLE)

**NOTE:** The vehicle to which the firefighter plate will be assigned must be registered in the name of the active firefighter. The special registration plate for firefighters may be used only on one motor vehicle. The registered vehicle weight of this vehicle may not exceed 10,000 pounds. (29-A MRSA, §519)

Please submit the completed application, along with the \$5.00 fee (unless vanity plate fee desired; see above instructions) and a photocopy of your current registration to:

**Specialty Plate Clerk  
Bureau of Motor Vehicles  
29 State House Station  
Augusta, Maine 04333-0029**



**PLEASE MAKE CHECK PAYABLE TO: SECRETARY OF STATE**