



REQUEST FOR NAME ADDITION/DELETION ON A REGISTRATION

Vehicle Information: Plate Number: \_\_\_\_\_ Class Code: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Vehicle Identification Number: \_\_\_\_\_

Current Registrant(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Please check box)  Add *All parties to appear on registration must sign below*  
*OR*  
 Delete *Person being deleted must sign below*

Validation Stamp

Registrant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Addee/Deletee Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURES MUST BE NOTARIZED WHEN PROCESSED OTHER THAN AT BMV**

Knowingly making a false statement is a Class E crime pursuant to 29A MRSA §2103.

Below must be completed by a Notary Public or Attorney at Law:

STATE OF MAINE County of \_\_\_\_\_ personally appeared the  
above named \_\_\_\_\_, and made oath that the statements contained in the  
foregoing application are true.

Before me, \_\_\_\_\_  
(Notary Public, Attorney)

**BMV USE ONLY**  
 BMV- Updated  
 Town- Updated