



REQUEST FOR NAME ADDITION/DELETION ON A REGISTRATION

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

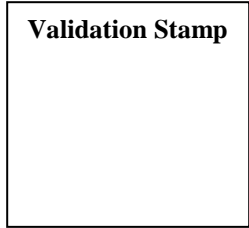
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Vehicle Identification Number: \_\_\_\_\_

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



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

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

Addee/Deletee Date of Birth \_\_\_\_\_

SIGNATURES MUST BE NOTARIZED WHEN THE MV-138 LEAVES THE MUNICIPAL OFFICE OR
MOTOR VEHICLE BRANCH OFFICE AND SIGNED BY THE PERSON BEING ADDED OR DELETED

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

101 Hospital Street, 29 State House Station, Augusta, ME 04333-0029
207-624-9000 Ext 52149 TTY Users call Maine relay 711