



*Department of  
the Secretary of State  
Bureau of Motor Vehicles*

**Application for a Permit to Demonstrate**

**Please print and use blue or black ink only.**

**Permit fee: \$1.00**

This demonstration is to be conducted with not more than the limit of 600 pounds per inch of the tire width. This demonstration is legal within the boundaries of the State of Maine. There is no guarantee that this permit will be accepted in any other jurisdiction. This operation is for demonstration only and is only valid for up to seven (7) days, including the date of issuance.

Owner's name: \_\_\_\_\_

Legal business name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Business physical address: \_\_\_\_\_  
Street City/Town/State Zip

Business phone number: \_\_\_\_\_ Business fax number: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

**Please complete the vehicle and customer information below.**

Vehicle identification number: \_\_\_\_\_

Vehicle model year: \_\_\_\_\_ Vehicle make: \_\_\_\_\_

Dealer plate number being used: \_\_\_\_\_ Effective date: \_\_\_\_\_

Letter of plate being used: \_\_\_\_\_ End date: \_\_\_\_\_  
Seven (7) Days from Effective Date

Customer demonstrating vehicle: \_\_\_\_\_  
First name Last name

Legal company name (if applicable): \_\_\_\_\_

Driver's license number of the person demonstrating the vehicle: \_\_\_\_\_  
(driver's license information is required) License number State issued

Customer's physical address: \_\_\_\_\_  
Street City/Town/State Zip

Demonstrating will be within a 250 mile radius of: \_\_\_\_\_  
(Municipality)

Application may be emailed to: [Dealerlicensing.bmv@maine.gov](mailto:Dealerlicensing.bmv@maine.gov)  
 Or faxed to: (207) 624-9126

The undersigned hereby certifies that all the information contained herein is true and correct to the best of my/our knowledge and belief. If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

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Signature of authorized person Printed name Official title Date



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**Payment Information**

Please make check or money order payable to **Secretary of State** and send to: **Bureau of Motor Vehicles, Dealer Licensing, 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 Dealer Licensing at (207) 624-9000 ext. 52143.**

Card Type:  Visa     Mastercard     Discover     American Express

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on the credit/debit card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_