



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: _____

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