

REQUEST FOR DUPLICATE MOTOR VEHICLE OPERATOR'S LICENSE OR IDENTIFICATION CARD

Send the completed form to:

Secretary of State Bureau
of Motor Vehicles License
Services
29 State House Station
Augusta, Maine, 04333-0029

I hereby make application for a duplicate license or identification card. I have enclosed the \$5.00 fee.

Please state briefly what happened to your original Maine driver's license or identification card. **I certify that my original Maine driver's license or identification card is not in my possession because:**

Name (printed): _____

Date of Birth: _____

Driver License or Identification Number: _____

Mailing Address: _____

Do you wish to register as an organ and tissue donor? Yes

Signature: _____ Date: _____

Please complete the bottom portion only if the application was completed by someone other than the license or identification card holder.

Your Name (printed): _____

Your Date of Birth: _____

Your Driver License or Identification Number: _____

Relationship to licensee (must be immediate family member): _____

Your Signature: _____