Department of
the Secretary of State

Bureau of Motor Vehicles

Matthew Dunlap
Secretary of State

Patty A. Morneault
Deputy Secretary of State

Stephen Ashcroft
Chief of Motor Carrier Services

Garry R. Hinkley
Director of Vehicle Services

REQUEST FOR DUPLICATE CREDENTIALS

IRP ACCOUNT NUMBER: _____

To: Secretary of State, Motor Vehicle Division, IRP Unit, State House Station 29, Augusta, ME 04333 (FAX 207-624-9086)

I _____of_____ _____
hereby make application for duplicate IRP credentials and enclose the proper fee(s). Indicate vehicle information below.

Make: _____ **Year**: _____ **Plate Number**: _____ **Unit Number**: _____

☐ ***CAB CARD ONLY*:** I certify that my original certificate is not in my possession. I hereby agree to return the duplicate certificate promptly to the Secretary of State should my original certificate be found.
The cost of the issuance of a duplicate cab card is ***$5.00***

☐ Yes, I would like a Temporary - Fax to this number _____ email to _____
☐ I understand there will be a $3.00 FAX fee added to the invoice.

☐ ***STICKERS ONLY:*** ***Use if only decals are required.*** ***$5.00 Cab Card fee is added to the price of decals.***

☐ YEAR DECAL ☐ TRUCK **(2) ($.50)** ☐ TRUCK TRACTOR **(1) ($.25)**
☐ MONTH DECAL ☐ TRUCK **(2) ($.50)** ☐ TRUCK TRACTOR **(1) ($.25)**

☐ ***PLATE(S) ONLY*:** ***Cost includes cab card and decal fees. See below for cost.***
Indicate: ☐ NEW ☐ DUPLICATE (SAME NUMBER)

ŹPLEASE NOTE CORRECT NUMBER Ź
ŹOF PLATES & FEES ↓

Class AP **Plate Number:** _____ **Single** ☐ **Double** ☐ ***PLATE ORDER FEES***
Class AP **Plate Number:** _____ **Single** ☐ **Double** ☐ ***1of 2 plates for a straight truck = $11.00***
Class AP **Plate Number:** _____ **Single** ☐ **Double** ☐ ***2 plates for a straight truck = $16.00***
Class AP **Plate Number:** _____ **Single** ☐ **Double** ☐ ***1 plate for a truck tractor = $10.50***

X Signature: _____ Date: _____

If paying by credit card – indicate type of credit card: (Please circle one) VISA MASTERCARD

Amount to be paid on account: _____

Credit Card Number: _____ Expiration Date: _____

Credit Card Holder Name: _____

Card Holder Signature: _____

Card Holder Billing Address: _____

Card Holder Telephone Number: _____

101 Hospital Street, 29 State House Station, Augusta, ME 04333-0029
Phone (207) 624-9000 Ext. 52135 Fax (207) 624-9086 TTY Users call Maine relay 711
www.maine.gov/sos/bmv/commercial Email: meirp@maine.gov