



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)

↓ **PLEASE NOTE CORRECT NUMBER** ↓  
↓ **OF PLATES & FEES** ↓

Class AP Plate Number: \_\_\_\_\_ Single  Double

**PLATE ORDER FEES**

Class AP Plate Number: \_\_\_\_\_ Single  Double  *1 of 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    DISCOVER

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: \_\_\_\_\_

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