

P.O. BOX 114
CARMEL, ME 04419
WWW.TOWNOFCARMEL.ORG



PHONE: 207.848.3361
FAX: 207.848.0839
FACEBOOK.COM/CARMELEMAINE

This form has been created to help people during the COVID-19 Emergency to re-register their vehicle(s).

If you have multiple vehicles, please fill out one form for each vehicle.

You can either mail it to Town of Carmel at PO Box 114, Carmel ME 04419 or put it in the drop box by the front door at the Town Office.

Please call ahead at 207-848-3361 for the total amount of your registration(s). We can accept a check made payable to the Town of Carmel or you can pay over the phone (using a debit/credit card will add a 2.5% third-party processing fee). We will process and mail your registration and stickers in a timely manner.

Name(s) as it appears on your registration: _____

Year: _____ Make: _____

Model: _____ Plate #: _____

A contact number where you can be reached should questions arise: _____

Please include a copy of your current insurance card or call your insurance company and ask them to fax it to us at 207-848-0839. We cannot process a registration without proof of insurance.

****If anyone on the registration files an SR-22, we will not be able to process the registration at this time.****

Please write the mileage in the box at the top, answer questions 1 & 2, sign and print below.

PLEASE BE ACCURATE IN ENTERING CURRENT MILEAGE

[Redacted Mileage Box]

1. Is/are the registrant(s) registration or privilege to register now under suspension? Yes _____ No _____
2. Is/are the registrant(s) required to file an SR22 certificate of insurance with the Bureau of Motor Vehicles? Yes _____ No _____
3. Is this vehicle for: livery or hire _____ ambulance _____ school bus _____ bus _____ rental _____ limousine _____
transportation of students to school under contract _____ If so, a JB filing is required.
4. Tractor or truck: Is this vehicle for farm use only? Yes _____ No _____
5. Commercial vehicles: I acknowledge that I am familiar with the Federal and State Motor Carrier Safety Regulations. Please initial _____
6. This vehicle is eligible for \$40 commercial tractor credit (GVW greater than 23,000 pounds: tractor-semitrailer configuration only) Yes _____ No _____

I hereby certify that I am the registrant of this vehicle and the information on this form is accurate.

Registrant's Signature

Printed Name

TO APPLICANT

Answer all the questions on this side of the form.

Take both copies to any Motor Vehicle Office or Mail fee to:

Secretary of State
Registration Section
29 State House Station
Augusta, ME 04333-0029

Make check payable to:
Secretary of State