



*Department of
the Secretary of State
Bureau of Motor Vehicles*

Request for Duplicate Dealer Registration

(Also applies to: Auction, Loaner, Recycler, Transporter, Trailer Transit,
Manufacturer and Mobile Crusher License)

Fee: \$5.00

Legal Business Name: _____

DBA (if applicable): _____

Physical Address: _____
Street City/Town/State Zip

License Number: _____ Letter of Plate: _____ Phone Number: _____

I hereby request a duplicate dealer registration for the dealership described above. I certify that the original was:

- Lost**
- Stolen**
- Mutilated** (i.e. torn, burned, spillage on license, etc.)

Application may be emailed to: DealerLicensing.BMV@Maine.gov

Or faxed to: (207) 624-9126

Please make check or money order payable to the Secretary of State and mail to the Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta, ME 04333.

Payment may be made by credit card:

Type: Visa MasterCard Discover American Express

Number: _____

Expiration Date: _____ Zip Code: _____

Name on Credit Card: _____

Signature

Official Title

Date