

State of Maine Bureau of Motor Vehicles Application for Additional Dealer Plates (also applies to Loaner, Transporter, and Trailer Transit)

Please print and use blue or l	black ink only.	Lice	nse type and number/pla	ate number:	
Legal business name:					
DBA (if applicable):					
Business physical address:Street		Cit	City/Town/State		
Dusiness mailing address.					
Business mailing address: Street			y/Town/State		Zip
		0	yr r o mir o tato		— .p
Business shipping address:					
Stı	reet	Ci	ty/Town/State		Zip
Business phone number:			Business fax number:		
Contact norsen:		,	Contact phone number:		
Contact person:			Jontact phone number		
Please indicate below the nur plate(s) by the plate fee and i				urrently hold. Mu	Itiply the number of
Plate	Туре	Dealer Plate Numbe	r Number of Plates	Plate Fee	Total Fees
New Car Dealer Plate				\$ 20 each	
New Car Dealer Vanity Plate				\$ 50 each	
Used Car Dealer Plate				\$ 20 each	
Used Car Dealer Vanity Plate				\$ 50 each	
Loaner Plate				\$ 20 each	
Loaner Vanity Plate (New & Used Car only)				\$ 50 each	
Equipment Dealer Plate				\$ 20 each	
Equipment Dealer Service Plate				\$ 50 each	
Transporter Plate				\$ 20 each	
Motorcycle Plate				\$ 5 each	
Light Trailer Plate (under 3,000 lbs.)				\$ 5 each	
Heavy Trailer Plate (over 3,000 lbs.)				\$ 20 each	
Service Plate (New & Used Car only)				\$ 50 each	
Service Vanity Plate (New & Used Car only)				\$ 80 each	
Light Wrecker Plate (26,000 GVW or less)				\$ 50 each	
Heavy Wrecker Plate (80,000 GVW or less)				\$200 each	
Trailer Transit Plate				\$ 20 each	
Experimental Plate				\$ 20 each	
		_			TOTAL AMOUNT \$
Application may be email understand, that by submitting corresponding license issued be the undersigned hereby certification of the undersigned hereby certification o	g an application and recei y the Secretary of State a es that all the information	iving additional plates, I am a and the authorized use unde contained herein is true and	agreeing to use each plate r Maine Motor Vehicles St I correct to the best of my/	e according to the catutes, Title 29-A.	
Signature of authorized person		Printed name		Official title	Date
		New plate(s) issued	BMV USE		
			ed:		

Issued by:

Date issued:



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Payment Information				
Please make check or money order payable to Secretary of State and send to: Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta, ME, 04333.				
Or payment may be made by credit/debit card. Please complete the section below if you choose to pay by credit/debit card.				
If you have any questions, please contact Dealer Licensing and Regulation at (207) 624-9000 ext. 52143.				
Card Type: \square Visa \square Mastercard \square Discover \square American Express				
Credit/Debit Card Number:				
Expiration Date: Zip Code:				
Name as it appears on the credit/debit card:				
Signature of card holder:				