





**State of Maine  
Bureau of Motor Vehicles  
Notice of Lost Dealer Sticker and Request for Replacement Sticker**

**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 at (207) 624-9000 ext. 52143.**

**Credit/Debit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Name as it appears on the credit/debit card:** \_\_\_\_\_

**Signature of card holder:** \_\_\_\_\_