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