



Matthew Dunlap  
Secretary of State

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

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Deputy Secretary of State

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Director, Office of Investigation  
& Dealer Licensing

**Request for Duplicate Dealer Registration**

(Also applies to: Loaner, Transporter and Trailer Transit)

**Fee: \$2.00 (per registration)**

Legal Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(Street) (City/Town) (Zip)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

License/Plate Number: \_\_\_\_\_ Letter of Plate: \_\_\_\_\_

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 registration, etc.)

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

**Or**

Payment may be paid by credit card:  VISA **Or**  MASTERCARD

Credit Card Number: \_\_\_\_\_

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

Card Holder's Name: \_\_\_\_\_

**Application may be faxed to:  
(207) 624-9126**

\_\_\_\_\_  
Signature Official Title Date