



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 black ink only.

License type and number/plate number: _____

Legal business name: _____

DBA (if applicable): _____

Business physical address: _____

Street

City/Town/State

Zip

Business mailing address: _____

Street

City/Town/State

Zip

Business shipping address: _____

Street

City/Town/State

Zip

Business phone number: _____ Business fax number: _____

Contact person: _____ Contact phone number: _____

Please indicate below the number of plates you are requesting to the existing license/plate type you currently hold. Multiply the number of plate(s) by the plate fee and indicate the total fee in the "Total Fees" column under "Total Amount."

Plate Type	Dealer Plate Number	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 DUE				\$

Application may be emailed to: Dealerlicensing.bmv@maine.gov or faxed to (207) 624-9126.

I understand, that by submitting an application and receiving additional plates, I am agreeing to use each plate according to the conditions of the corresponding license issued by the Secretary of State and the authorized use under Maine Motor Vehicles Statutes, Title 29-A.

The undersigned hereby certifies that all the information contained herein is true and correct to the best of my/our knowledge and belief. If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

Signature of authorized person

Printed name

Official title

Date

BMV USE ONLY

New plate(s) issued: _____

New sticker(s) issued: _____

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: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit/Debit Card Number: _____

Expiration Date: _____ **Zip Code:** _____

Name as it appears on the credit/debit card: _____

Signature of card holder: _____