



Department of
the Secretary of State
Bureau of Motor Vehicles

Notice of Lost Dealer Plate and Request for Replacement Plate

(also applies to loaner, transporter, and trailer transit)

Please print and use blue or black ink only.

Owner's name: _____

Legal business name: _____

DBA (if applicable): _____

Business physical address: _____
Street City/Town/State Zip

Shipping address: _____
Street City/Town/State Zip

Contact name: _____ Phone number: _____

PLATE TYPE	PLATE FEE (per plate)		PLATE TYPE	PLATE FEE (per plate)	
New car dealer plate	\$20		Motorcycle dealer plate	\$ 5	
New car vanity plate	\$50		Light trailer dealer plate (under 3,000 lbs. unladen weight)	\$ 5	
Used car dealer plate	\$20		Heavy trailer dealer plate (over 3,000 lbs.)	\$20	
Used car vanity plate	\$50		Transporter plate	\$20	
Loaner plate	\$20		Light wrecker dealer plate (26,000)	\$50	
Loaner vanity plate	\$50		Heavy wrecker dealer plate (80,000)	\$200	
Service plate (new or used car only)	\$50		Trailer transit plate	\$20	
Service vanity plate (new or used car only)	\$80		Experimental plate	\$20	
Equipment dealer plate	\$20				
Equipment dealer service plate	\$50		Sticker	.50¢ (each)	

License type and plate number: _____ and Letter of plate: _____

I hereby certify that the original plate was:

☐ Lost ☐ Stolen ☐ Mutilated (i.e. bent, faded, etc.-The mutilated plate must be returned to our office.)

Replace plate: ☐ Yes ☐ No

Replace sticker: ☐ Yes ☐ No

If you are replacing plates, please understand, that by applying and receiving replacement plates, you are 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 Vehicle Statutes, Title 29-A.

Application may be emailed to: Dealerlicensing.bmv@maine.gov

Or faxed to: (207) 624-9126

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 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: _____