



Department of
the Secretary of State
Bureau of Motor Vehicles

Notice of Lost Dealer Sticker and Request for Replacement Sticker

Please print and use blue or black ink only.

Sticker fee: **.50¢ (each)**

Owner's name: _____

Legal business name: _____

DBA (if applicable): _____

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

Business mailing address: _____
Street/PO Box City/Town/State Zip

Business phone number: _____ Business fax number: _____

Contact person: _____ Contact phone number: _____

License type/plate number: _____ Number of stickers needed: _____

I hereby request a duplicate sticker for the business described above. I certify that the original sticker is:

☐ **Lost** ☐ **Stolen** ☐ **Mutilated** (i.e. torn, faded, destroyed, etc.)

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 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 : _____