



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

Request for Duplicate Dealer License

(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: _____ Phone Number: _____

I hereby request a duplicate dealer license 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, faxed to: (207) 624-9126, or mailed to Secretary of State, BMV-Dealer Licensing, SHS #29, Augusta, ME 04333. Please make check or money order payable to the Secretary of State or pay by credit or debit card by completing the form below.

Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Number: _____

Expiration Date: _____ Zip Code: _____

Name on Credit Card: _____

Signature

Official Title

Date