



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

**Request for Duplicate Dealer Registration**

(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: \_\_\_\_\_ Letter of Plate: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 license, etc.)

Application may be emailed to: [DealerLicensing.BMV@Maine.gov](mailto:DealerLicensing.BMV@Maine.gov)

Or faxed to: (207) 624-9126

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

Payment may be made by credit card:

Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature

Official Title

Date