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**
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