



**State of Maine**  
**Bureau of Motor Vehicles**  
**Application for 30 Day Dealer Temporary Plates**  
(This application can only be submitted by a Maine Licensed Dealer)

**Please print and use blue or black ink only.**

**Temporary plate fee: \$1.00 (per plate)**

**Please submit a copy of the valid dealer license along with your application and appropriate fee.**

Dealer license type/number: \_\_\_\_\_ Number of plates being requested: \_\_\_\_\_  
(Minimum amount: 20)

Owner's name: \_\_\_\_\_

Legal business name: \_\_\_\_\_ Business phone number: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Business shipping address: \_\_\_\_\_  
(Cannot be a PO Box) Street City/Town/State Zip

Name of the person making the request: \_\_\_\_\_  
(Legal full name)

Driver's license number: \_\_\_\_\_ Driver's license expiration: \_\_\_\_\_ State license issued: \_\_\_\_\_

**\*Driver's license information is required.**

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

**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.**

**Credit/Debit Card Number:** \_\_\_\_\_

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

**Name as it appears on the credit/debit card:** \_\_\_\_\_

**Signature of card holder:** \_\_\_\_\_

Application may be emailed to: [DealerLicensing.BMV@Maine.gov](mailto:DealerLicensing.BMV@Maine.gov) or faxed to: (207) 624-9126