



State of Maine
Bureau of Motor Vehicles
Application for Additional Dealer Plates
(also applies to Loaner, Transporter, and Trailer Transit)

Please print and use blue or black ink only. License type and number / plate number : _____

Legal business name: _____

DBA (if applicable): _____

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

Business phone number: _____ Business fax number: _____

Contact person: _____ Contact phone number: _____

Please indicate below the number of plates you are requesting to the existing license/plate type you currently hold. Multiply the number of plate(s) by the plate fee and indicate the total fee in the "Total Fees" column under "Total Amount."

Plate Type	Dealer Plate Number	Number of Plates	Plate Fee	Total Fees
New Car Dealer Plate				
New Car Dealer Vanity Plate				
Used Car Dealer Plate				
Used Car Dealer Vanity Plate				
Loaner Plate				
Loaner Vanity Plate (New & Used Car only)				
Equipment Dealer Plate				
Equipment Dealer Service Plate				
Transporter Plate				
Motorecycle Plate				
Light Trailer Plate (under 3,000 lbs.)				
Heavy Trailer Plate (over 3,000 lbs.)				
Service Plate (New & Used Car only)				
Service Vanity Plate (New & Used Car only)				
Light Wrecker Plate (26,000 GVW or less)				
Heavy Wrecker Plate (80,000 GVW or less)				
Trailer Transit Plate				
Experimental Plate				
TOTAL AMOUNT				\$

Application may be emailed to: Dealerlicensing.bmv@maine.gov or faxed to (207) 624-9126.

I understand, that by submitting an application and receiving additional plates, I am agreeing to use each plate according to the conditions of the corresponding license issued by the Secretary of State and the authorized use under Maine Motor Vehicles Statutes, Title 29-A.

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 plate(s) issued :	_____
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 : _____