



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

Notice of Lost Dealer Sticker and Request for Replacement Sticker

Please print and use blue or black ink only.

Sticker fee: .50¢ (each)

Owner's name: _____

Legal business name: _____

DBA (if applicable): _____

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

Business mailing address: _____
Street/PO Box City/Town/State Zip

Business phone number: _____ Business fax number: _____

Contact person: _____ Contact phone number: _____

License type/plate number: _____ Number of stickers needed: _____

I hereby request a duplicate sticker for the business described above. I certify that the original sticker is:

- Lost**
 Stolen
 Mutilated (i.e. torn, faded, destroyed, etc.)

Application may be emailed to: Dealerlicensing.bmv@maine.gov

Or faxed to: **(207) 624-9126**

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

<u>BMV USE ONLY</u>	
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: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit/Debit Card Number : _____
Expiration Date: _____ Zip Code: _____
Name as it appears on the credit/debit card: _____
Signature of card holder : _____