



**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 <b>Secretary of State</b> and send to: <b>Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta, ME, 04333.</b>
Or payment may be made by credit/debit card. Please complete the section below if you choose to pay by credit/debit card.
<b>If you have any questions, please contact Dealer Licensing and Regulation at (207) 624-9000 ext. 52143.</b>
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