

**Notice of Loss Dealer Sticker and Request of Replacement Sticker
Validation Sticker - .50 per sticker**

Name of Dealership _____

Address _____

Dealer License Type & Number _____ Stickers Needed _____

I hereby request a replacement dealer sticker for the dealership described above. I certify that the original sticker was:

_____ Lost

_____ Stolen

_____ Mutilated (i.e. torn, faded, etc.)

Signature _____ Date _____

Dealer Fax: 207-624-9037

I request that the fees be paid by credit card bearing the following information:

Visa or Mastercard

Credit Card Number _____

Expiration Date: _____

Name on Credit Card _____

Return to: Bureau of Motor Vehicles
Attn: Dealer Section
29 State House Station
Augusta, Me 04333
Telephone: 207-624-9000, ext. 52143