Bureau of Motor Vehicles
Application for a Dealer Family Plate

(New, Used or Motorcycle Dealer Only)

(A separate application must be completed for each owner)

Type: ☐ **NEW CAR** ☐ **USED CAR** ☐ **MOTORCYCLE**

Legal Dealership Name: _____ Phone: _____

DBA (if applicable): _____

Business Physical Location: _____
Street City/Town/State Zip

Ownerôs Name: _____

Ownerôs Home Address: _____
Street City/Town Zip

Only one family plate per owner. If an owner has ownership in any other dealership, he/she is allowed only one family plate regardless of the number of dealerships owned. A family plate may be attached only to a vehicle in the dealerôs active inventory for resale. A family plate may be used only by a spouse or child under the age of 19 residing full-time in the ownerôs residence and may be used only for personal use, not for employment.

Type of Plate	Dealer Plate Number	Plate Fee
New Car Family		$ 20.00
New Car Vanity Family		$ 50.00
Used Car Family		$ 20.00
Used Car Vanity Family		$ 50.00
Motorcycle Family		$ 5.00
	Total Amount	**$**

Please list the family member in which the family plate will be assigned to:

Name: _____ Date of Birth: _____

Home Address: _____
Street City/Town/State Zip

Relationship to Owner: ☐ Spouse **or** ☐ Child (child under the age of 19 residing full-time in the ownerôs residence)

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

Make check or money order payable to the Secretary of State. Please mail to: Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta ME 04333.

Or Payment may be made by credit card:

Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Number: _____
Expiration Date: _____ Zip Code: _____
Name on Credit Card: _____

_____

Signature of Owner **Printed name** **Date**

BMV USE ONLY
Date Initial License Issued: _____
Number of Sales for Renewal Year: _____
Approval for Family Plates by: _____ Date: _____
Denial for Family Plates by: _____Date: _____
Reason for Denial: _____

101 Hospital Street, #29 State House Station, Augusta, Me 04333-0029 Tel. (207) 624-9000 Ext. 52143 Fax: (207) 624-9126 TTY Users call Maine relay 711