



Department of
the Secretary of State
Bureau of Motor Vehicles

Charles E. Summers, Jr.
Secretary of State

Thomas Arnold
Deputy Secretary of State

Garry Hinkley
Director of Vehicle Services

STATE OF MAINE
APPLICATION FOR TRAILER TRANSIT LICENSE
Reference Title 29-A Section 462-8

Federal ID Number: _____
DOT Number _____

I (we) _____ with a place of business at _____,
(Give trade name if one is used) (Street Address)
_____, _____, _____
(City) (State) (Zip)

List any other locations where business will be conducted under the same license:

Check if: Individual Partnership Corporation
If Corporation, give State of incorporation: _____

List names and address (PO Box not acceptable) of each partner or officer of the corporation:

I (we) hereby make application for a Trailer Transit License and affirm that I (we) have received a copy of the Rules issued by the Secretary of State, Bureau of Motor Vehicles. I (we) understand the Rules provided, and I (we) are able to comply with all applicable laws and rules.

(Authorized Signature)

(Title)

(Date)

(Telephone Number)

Number of Plates	x \$20.00	=	\$
Licensing Fee			\$ 150.00

Please attach verification of insurance (insurance card, application or binder) to this application.

Motor Vehicle Use Only
Plate # _____ # of _____
Plates: _____

