



Charles E. Summers, Jr.  
Secretary of State

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

Thomas Arnold  
Deputy Secretary of State

Garry Hinkley  
Director of Vehicle Services

STATE OF MAINE  
2011  
**RENEWAL APPLICATION FOR TRAILER TRANSIT LICENSE**  
Reference Title 29-A Section 462-8

**Please submit a copy of your insurance card.**

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 Maine locations where business will be conducted under the same license:

\_\_\_\_\_  
\_\_\_\_\_

Check if:  Individual  Partnership  Corporation

Dealer E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

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
Total Fees			\$
Total Fees			\$

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