



Department of
the Secretary of State

Bureau of Motor Vehicles

Charles E. Summers, Jr.
Secretary of State

Thomas Arnold
Deputy Secretary of State

Francis Fox
Chief of Motor Carrier Services

Garry R. Hinkley
Director of Vehicle Services

**SUBSIDIZED CARRIER REGISTRATION
APPLICATION**

DATE: _____

FEIN #: _____

DOCKET #: _____
(Office use only)

(Complete name of carrier ~ including trade name)

(Complete physical address of carrier)

(Mailing address of carrier)

The undersigned hereby applies as a passenger carrier under 29-A M.R.S.A., § 556, paragraph 6-E

The attached vehicle identification list shows in detail the motor vehicles to be used in the operation for which this application is made. Vehicle identification list must be submitted with this application.

For further information, please call (207) 624-9000 ext 52130

(Signature of Carrier Official)

(Contact telephone)

(Contact person)

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