

STATE OF MAINE
STANDARD PERMIT APPLICATION FOR INTRA/INTERSTATE TRAVEL FOR
NON-DIVISIBLE OVERSIZE AND/OR OVERWEIGHT LOADS

Motor Carrier Details:

Application Date: _____	Overlimit Permit Account Number: _____
USDOT Number: _____	Or Credit Card No.: _____
Legal Name: _____	(Visa, MasterCard, Discover) Expiration Date: _____
Mailing Address: _____	Card Holders Name: _____
_____	Card Holders Signature: _____
Phone Number: _____	Billing Address: _____
Fax # or Email Address: _____	_____

Permit Details:

Permit Type (Please check one): <input type="checkbox"/> Maine Only <input type="checkbox"/> Multi State	
Trip Type (Please check one): <input type="checkbox"/> Single <input type="checkbox"/> Return <input type="checkbox"/> Multiple for _____ No. of trips <input type="checkbox"/> Long Term for _____ No. of months	
Transport Type (Please check one): <input type="checkbox"/> Straight Truck <input type="checkbox"/> SME Class A <input type="checkbox"/> SME Class B <input type="checkbox"/> SME (Out of State)	
<input type="checkbox"/> Truck/Trailer <input type="checkbox"/> Tractor/Semi-Trailer	
Permit Effective Date: _____	

Vehicle Details:

Power Unit	Trailer (If applicable)
Registration Number: _____	Registration Number: _____
State/Jurisdiction: _____	State/Jurisdiction: _____
Class Code: _____	Class Code: _____
Registered Weight: _____	Length: _____ ft _____ in Conforming? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Axles: _____	Number of Axles: _____

Vehicle and Load Information:

Object(s) Being Moved: _____	Number of Objects: _____
Object Configuration on Vehicle (Check all that apply): <input type="checkbox"/> End to End <input type="checkbox"/> Side by Side <input type="checkbox"/> Stacked <input type="checkbox"/> Nested	
Total Weight _____ lbs Total Height _____ ft _____ in Total Length _____ ft _____ in Total Width _____ ft _____ in	
Front Overhang _____ ft _____ in Rear Overhang _____ ft _____ in Eave Width (Mobile/Modular) _____ ft _____ in	
Mobile Home Identification Year: _____ Make: _____ Color: _____ Mobile/Modular Serial No.: _____	

Trip Details:

Origin: Address _____	Destination: Address _____
City & State: _____	City & State: _____
State	Requested Routing
_____	_____
_____	_____
_____	_____

Applicant's Printed Name: _____ Applicant's Signature: _____
 Applicant's Position Title: _____ Name of Permit Agency (if applicable) _____

I acknowledge that this object/load cannot be readily reduced to the legal limit and all the above information is correct.

101 Hospital Street, 29 State House Station, Augusta, ME 04333-0029

Phone (207) 624-9000 Ext. 52134 Fax (207) 622-5332 TTY Users call Maine relay 711

www.maine.gov/sos/bmv/commercial

Email: overpermits@maine.gov