STATE OF MAINE BUREAU OF MOTOR VEHICLES

Canadian Weight Limits Permit Application

Motor Carrier Details:	
USDOT Number:	Application Date:
Legal Name:	Phone Number:
Mailing Address:	Fax Number:
	Email Address:
Permit Details:	
Permit Type (Please check one): New Renewal of Perm	t # Vehicle Transfer from Permit #
Location (Please check one): Baileyville Madawaska	☐ Van Buren
Permit Effective Date:	Permit Expiration Date: (All permits expire on the last day of the month.)
Vehicle Details:	(All permits expire on the last day of the month.)
	Year: Make:
Plate Number:	Jurisdiction:
Vehicle Type (Please check one): ☐ 6 axle ☐ 7 axle (Baileyville lo	ation only)
· · · · · · · · · · · · · · · · · · ·	used are properly registered in accordance with applicable Motor ine Registered Weight for this motor vehicle is 100,000lbs.
Estimated No. of Trips:	
Payment Details:	
6 axle combination: 7 axle combination: 8 axle combination/B-train double: Multi-configuration Permit: Transfer Fee: Fax fee:	\$10 per month/\$120 for one year maximum \$40 per month/\$480 for one year maximum \$40 per month/\$480 for one year maximum \$40 per month/\$480 for one year maximum \$10 per permit \$3 per permit
Total Fee Included:	
**If payment is made using a credit card, you must submit a separate credit card authorization form along with this application.	
Applicant's Printed Name:	Title:
Applicant's Signature:	