

**STATE OF MAINE**  
**BUREAU OF MOTOR VEHICLES**  
**Non-Divisible Oversize/Overweight Permit Application**

**Motor Carrier Details:**

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

**Permit Details:**

Permit Type (Please check one):  
 5 Axle Crane without Dolly (110,001-130,000lbs only)     5 Axle Crane with Dolly (110,001-130,000lbs only)  
 Long Term for \_\_\_\_\_ No. of months     Multiple for \_\_\_\_\_ No. of trips     Return     Single  
 Permit Effective Date: \_\_\_\_\_

**Vehicle & Load Details:**

Power Unit	Trailer (If applicable)
Unit/Rig Number: _____	Unit/Rig Number: _____
Year: _____ Make: _____	Year: _____ Make: _____
VIN: _____	VIN: _____
Plate Number: _____	Plate Number: _____
State/Jurisdiction: _____	State/Jurisdiction: _____
Registered Weight: _____ lbs	Trailer Length (Please check one):
Vehicle Type (Please check one):	<input type="checkbox"/> 0'0" – 45'0"
<input type="checkbox"/> SME Class A <input type="checkbox"/> SME Class B <input type="checkbox"/> SME (Out of State)	<input type="checkbox"/> 45'1" – 48'0"
<input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor/Semitrailer <input type="checkbox"/> Truck/Trailer	<input type="checkbox"/> 48'1" – 53'0" Conforming? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 53'1" and greater
Load/Object Description: _____	
(Check one): <input type="checkbox"/> I attest that the load is non-divisible. <input type="checkbox"/> I attest that hauling multiple items does not create an additional over-dimension.	
Loaded Width _____ ft _____ in	Loaded Front Overhang _____ ft _____ in
Loaded Height _____ ft _____ in	Loaded Rear Overhang _____ ft _____ in
Loaded Length _____ ft _____ in	Loaded Weight _____ lbs    Total Axle Count: _____
<input type="checkbox"/> I attest that all vehicles being used are properly registered in accordance with applicable Motor Vehicle Laws.	
Mobile Home Identification: Year: _____ Make: _____ Color: _____	
<input type="checkbox"/> I attest that all property taxes, sewage disposal charges and drain and sewer assessments applicable to the mobile home, including those for the current tax year, have been paid or that the mobile home is exempt from those taxes.	
Mobile/Modular Home: Serial No.: _____ Eave Width _____ ft _____ in	

**Trip Details:**

Origin Address: _____	Origin City: _____
Destination Address: _____	Destination City: _____
Requested Routing: _____	<input type="checkbox"/> Avoid Crawl-Only Bridges along Route (5 Axle Cranes when 110,001-130,000lbs only)

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

*By signing, you are attesting that all the above information is correct.*

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