



Department of the Secretary of State  
Bureau of Motor Vehicles  
Motor Carrier Services

Page 1 of 2

## Application for Licensing Agent Online Account

**Tax Preparer/Agent Business Information**    **Requesting access for (check):**    ☐ **IFTA**    ☐ **IRP**

Agency Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

**Physical Location (No PO Box)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address**

Same as Physical: ☐

Street (or PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Name of User: (Person logging into Account) Application required for each user to be assigned**

Name of User: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Would you like email notifications instead of paper forms mailed? This would require logging in to print needed forms.    ☐ **YES**    ☐ **NO**

I certify that I am the owner, an officer, or duly authorized representative of the above named business and have the authority to represent the business and sign this application.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



## Application for Licensing Agent Online Account Continued

### Add Carrier Information to your Licensing Agent Account

Carrier Legal Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Carrier Account Number: \_\_\_\_\_ US DOT Number: \_\_\_\_\_

Taxpayer ID Type: ☐ FEIN ☐ SSN Taxpayer ID#: \_\_\_\_\_

### Authorization – Must be signed by the Carrier Accounts Owner not the Agency

I certify that

- (1) I am the owner and duly authorized representative of the above named carrier and have the authority to represent the carrier and sign this application; and
- (2) The Licensing agent named on page 1 is authorized to conduct online transactions in the Maine IFTA/IRP system on behalf of the carrier named above.

Name: \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to the Bureau of Motor Vehicles, you also need to request access from our web page and create your own user name and password at [me.motorcarrierconnect.com](http://me.motorcarrierconnect.com)

**Applications must be submitted with a Power of Attorney**