



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

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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

Applications must be submitted with a Power of Attorney