



Department of
the Secretary of State
Bureau of Motor Vehicles

Application for Trailer Transit License
Reference Title 29-A §954-6

Please print and use blue or black ink only.

Legal business name: _____ EIN/SS# _____

DBA (if applicable): _____

Physical address: _____
Street City/Town/State Zip

Mailing address: _____
Street/PO Box City/Town/State Zip

Phone number: _____ Fax number: _____ Email: _____

Is your business a: ☐ Individual ☐ Partnership ☐ Corporation State of Incorporation: _____

Please list below the name, phone number, date of birth, and title of each owner, partner, or officer in your business.

Name	Phone No.	DOB	Title	% of Ownership
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Name	Phone No.	DOB	Title	% of Ownership
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Name	Phone No.	DOB	Title	% of Ownership
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Primary contact person: _____ Contact phone number: _____

Please list any other location(s) where business will be conducted under the same license:

Street	City/Town/State	Zip
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Street	City/Town/State	Zip
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I hereby make application for a Trailer Transit License and plate(s) and affirm that I have received a copy of the rules issued by the Secretary of State, Bureau of Motor Vehicles. I understand the rules provided, and I am able to comply with all applicable laws and rules.

If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

Signature of authorized person	Printed name	Official title	Date
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Please provide proof of insurance

Application fee: \$150.00

License fee: \$150.00

SBI Background Check Fee (per owner): \$21.00

Plate fee (per plate): \$20.00

Number of plates being requested: _____

Total Fees: _____

Payment Information

Please make check or money order payable to **Secretary of State** and send to: **Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta, ME, 04333.**

Or payment may be made by credit/debit card. Please complete the section below if you choose to pay by credit/debit card.

If you have any questions, please contact Dealer Licensing and Regulation at (207) 624-9000 ext. 52143.

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit/Debit Card Number : _____

Expiration Date: _____ Zip Code: _____

Name as it appears on the credit/debit card: _____

Signature of card holder : _____