

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: _____	** If payment is made using a credit card, you must submit a separate credit card authorization form along with this application.
Mailing Address: _____	Fax # or Email Address to return completed permit to: _____
Phone Number: _____	

Permit Details:

Permit Type (Please check one):	
<input type="checkbox"/> 5 Axle Crane without Dolly (110,001-130,000lbs only)	<input type="checkbox"/> 5 Axle Crane with Dolly (110,001-130,000lbs only)
<input type="checkbox"/> Long Term for _____ No. of months	<input type="checkbox"/> Multiple for _____ No. of trips
<input type="checkbox"/> Return	<input type="checkbox"/> 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 Combined Width _____ ft _____ in	Loaded Front Overhang (In front of Power Unit) _____ ft _____ in
Loaded Combined Height _____ ft _____ in	Loaded Rear Overhang (In rear of Power Unit or Trailer) _____ ft _____ in
Loaded Combined Length _____ ft _____ in	Loaded Combined 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. (Please submit a copy of the completed Tax Release along with this application.)	
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.
Unless the applicant is a Permit Agency, the applicant must be a company officer or have a POA on file with the Permit Office.
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