

# ATV CLUB INFORMATION FORM

PLEASE RETURN FORM TO:

Department of Agriculture, Conservation & Forestry  
Division of Parks and Public Lands, ATV program  
22 SHS

Augusta, ME 04333-0022

Tel. 1-888-386-3288 / Fax. 207-287-8111

To maintain accurate records, it is necessary for each club to provide the information below on a yearly basis, even if the address or officers do not change. If your club is no longer an active club please write **INACTIVE** with the club name and return this form so that we can keep our records current.

All clubs are encouraged to obtain a permanent PO Box or mailing address.

PLEASE PRINT

## **CLUB INFORMATION**

CLUB NAME: \_\_\_\_\_

TOWN LOCATED: \_\_\_\_\_ COUNTY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(permanent address)

SHIPPING ADDRESS \_\_\_\_\_  
(for sign orders)(STREET ADDRESS)

MONTH OFFICERS ARE ELECTED: \_\_\_\_\_

## **OFFICER INFORMATION:**

PRESIDENT  
NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE  
PHONE: \_\_\_\_\_

TRAIL  
MASTER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE  
PHONE: \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF THIS FORM**

**STATE OF MAINE  
NEW VENDOR OR VENDOR UPDATE FORM  
ALL ATV CLUBS, NEW OR OLD MUST COMPLETE THIS FORM**

<b>EMPLOYER ID # (EIN):</b> (Federal ID number)	<b>E</b>	<b>(9 digit number)</b>
Vendor Customer Number (number used by State)	VC:	

<b><u>NEW VENDOR INFORMATION:</u></b> (new clubs only)	
CLUB NAME:	_____
MAILING ADDRESS:	_____
CITY/STATE:	_____ ZIP: _____

<b><u>VENDOR UPDATE:</u></b> (existing clubs)	NEW INFO	OLD INFO
CLUB NAME:	_____	_____
MAILING ADDRESS:	_____	_____
CITY/ STATE:	_____	_____
ZIP:	_____	_____

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Title and Phone #: \_\_\_\_\_

**I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form.**

<b>For official use only:</b>	
<input type="checkbox"/>	Change requested    Agency & SHS: <b>Agriculture, Conservation &amp; Forestry # 22</b>
<input type="checkbox"/>	New Vendor            Agency Contact Person Name & Title: <b>Lauri Noel/Assistant</b>
<input type="checkbox"/>	Multi address        Contact's Phone number: <b>287-4957</b>
<input type="checkbox"/>	Annual update