



Department of
the Secretary of State
Bureau of Motor Vehicles

Patty A. Morneault
Deputy Secretary of State

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Secretary of State

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Director, Office of Investigation
& Dealer Licensing

STATE OF MAINE
APPLICATION FOR TRAILER TRANSIT LICENSE
Reference Title 29-A §462-8

Federal ID Number: _____

DOT Number: _____

****Please include proof of insurance****

Legal Business Name: _____

DBA (if applicable): _____

Business Mailing Address: _____ City/Town: _____ Zip: _____

Business Physical Address: _____ City/Town: _____ Zip: _____

Phone Number: _____ Fax Number: _____ Email: _____

Owner Name: _____ Official Title: _____ Date of Birth: _____

Owner Name: _____ Official Title: _____ Date of Birth: _____

Is your business a: Individual Partnership Corporation
If a corporation, please indicate State of incorporation: _____

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

Street Address City/Town Zip

Street Address City/Town Zip

LICENSE FEE: \$150 **PLATE FEE: \$20 (per plate)**
Of plates requesting: _____ Total plate fees due \$ _____ License fee due: \$150 **TOTAL FEES DUE: \$ _____**
**Please make check or money order payable to Secretary of State and send to: Bureau of Motor Vehicles, Dealer Licensing,
29 State House Station, Augusta, ME 04333**

I hereby make application for a Trailer Transit License 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.

Signature Official Title Date

BMV USE ONLY
Plate # _____ # of Plates _____

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