

An enrollment form must be completed for **each individual** you wish to send to training. Please place a check mark (✓) in the box next to the desired training class(s). Once the forms are fully completed, please email or fax the specific training sheet and enrollment form to Municipal.BMV@Maine.gov or (207) 624-9037. If you have any questions, please feel free to contact a Municipal Coordinator at (207) 624-9000 ext. 52163.

TRAINING	DATE	TIME FROM	TIME TO	LOCATION	STREET	CITY
<input type="checkbox"/> LIMITED NEW REG	September 12, 2022	09:00 A.M.	01:00 P.M.	LIMITED NEW ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> NEW REG	September 13, 2022	09:00 A.M.	01:00 P.M.	NEW PART 1 ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> NEW REG	September 14, 2022	09:00 A.M.	01:00 P.M.	NEW PART 2 ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> TRUCK	September 15, 2022	09:00 A.M.	01:00 P.M.	TRUCK ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> NEW REG	October 5, 2022	09:00 A.M.	01:00 P.M.	NEW PART 1 ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> NEW REG	October 6, 2022	09:00 A.M.	01:00 P.M.	NEW PART 2 ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> LIMITED NEW REG	October 17, 2022	09:00 A.M.	01:00 P.M.	LIMITED NEW ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> NEW REG	October 18, 2022	09:00 A.M.	01:00 P.M.	NEW PART 1 ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> NEW REG	October 19, 2022	09:00 A.M.	01:00 P.M.	NEW PART 2 ZOOM	101 HOSPITAL ST	AUGUSTA
<input type="checkbox"/> TRUCK	October 20, 2022	09:00 A.M.	01:00 P.M.	TRUCK ZOOM	101 HOSPITAL ST	AUGUSTA

ENROLLMENT FORM

Name of Municipality or Non Govt Entity: _____

Municipality or Non Govt Entity Phone #: _____ Municipality or Non Govt Entity Fax #: _____

Municipality or Non Govt Entity Email: _____

Municipality or Non Govt Entity Official: _____ Title: _____ Date: _____
(Signature Required) (Agent, Tax Collector, etc.)

Person Who Will Be Attending Training(s)

Last Name: _____ First Name: _____ Middle: _____ Suffix: _____
(Please Print) (Please Print Legal Name)

Date of Birth: _____ Starting Date of Employment: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Attendee's Title with the Municipality or Non Govt Entity. Agent Tax Collector Clerk Selectman Other _____

Is attendee's contact information different from above? YES NO
If yes, please provide the current contact information for the attendee.

Phone #: _____ Fax #: _____

Email: _____

The Bureau of Motor Vehicles Procedures Manual is available on the Maine Municipal Association website to view and print. Please use the link to access the manual. <http://www.memun.org/members/> .

To access our posted training dates and enrollment forms on the State of Maine website, please use the following link: <http://www.maine.gov/sos/bmv/municipal/index.html> .