An enrollment form must be completed for each individual you wish to send to training. Please place a check mark ($\sqrt{}$) 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 <u>Municipal.BMV@Maine.gov</u> 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
	LIMITED NEW REG	November 14, 2022	09:00 A.M.	01:00 P.M.	LIMITED NEW ZOOM	101 HOSPITAL ST	AUGUSTA
	NEW REG	November 15, 2022	09:00 A.M.	01:00 P.M.	NEW PART 1 ZOOM	101 HOSPITAL ST	AUGUSTA
	NEW REG	November 16, 2022	09:00 A.M.	01:00 P.M.	NEW PART 2/ZOOM	101 HOSPITAL ST	AUGUSTA
	·	· · · ,		•			
	TRUCK	November 17, 2022	09:00 A.M.	01:00 P.M.	TRUCK ZOOM	101 HOSPITAL ST	AUGUSTA
	NEW REG	November 29, 2022	12:30 P.M.	04:30 P.M.	NEW PART 1 ZOOM	101 HOSPITAL ST	AUGUSTA
	NEW REG	November 30, 2022	12:30 P M	04:30 P M	NEW PART 2 ZOOM	101 HOSPITAL ST	AUGUSTA
		·					A00031A
	TRUCK	December 1, 2022	12:30 P.M.	04:30 P.M.	TRUCK ZOOM	101 HOSPITAL ST	AUGUSTA
				¢			
	LIMITED NEW REG	December 12, 2022	09:00 A.M.	01:00 P.M.	LIMITED NEW ZOOM	101 HOSPITAL ST	AUGUSTA
_	NEW REG	December 13, 2022	09-00 A M	01-00 P M	NEW PART 1 ZOOM	101 HOSPITAL ST	AUCHOTA
		2000m001 10, 2022	55.00 A.W.	VI.VV F .IW.		101 HOSPITAL ST	AUGUSTA
	NEW REG	December 14, 2022	09:00 A.M.	01:00 P.M.	NEW PART 2 ZOOM	101 HOSPITAL ST	AUGUSTA
	TRUCK	December 15, 2022	09:00 A.M.	01:00 P.M.	TRUCK ZOOM	101 HOSPITAL ST	AUGUSTA

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TRAINING	DATE	TIME FROM	TIME TO	LOCATION	STREET	CITY
NEW REG	December 27, 2022	12:30 P.M.	04:30 P.M.	NEW PART 1 ZOOM	101 HOSPITAL ST	AUGUSTA
NEW REG	December 28, 2022	12:30 P.M.	04:30 P.M.	NEW PART 2 ZOOM	101 HOSPITAL ST	AUGUSTA
TRUCK	December 29, 2022	12:30 P.M.	04:30 P.M.	TRUCK ZOOM	101 HOSPITAL ST	AUGUSTA

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ENROLLMENT FORM

Name of Municipality or Non Govt Entity:				
Municipality or Non Govt Entity Phone #:	I	Municipality or Non Govt Entity F	Fax #:	
Municipality or Non Govt Entity Email:				
Municipality or Non Govt Entity Official:	(Signature Required)	Title: (Agent, Tax Co	llector, etc.)	ate:
Person Who Will Be Attending Training(s)				
_ast Name:(Please Print)	First Name:	(Please Print Legal Name)	Middle:	Suffix:
Date of Birth:(MM/DD/YYYY)	Starting Date of	Employment:	(MM/DD/YYYY)	
ttendee's Title with the Municipality or Non Govt Enti	ty. 🔲 Agent 🔛 Tax Collecto	r 🔲 Clerk 🔲 Selectman	Other	
s attendee's contact information different from above? yes, please provide the current contact information f				
Phone #:		_Fax #:		
mail:				
he Bureau of Motor Vehicles Procedures Manual is a lease use the link to access the manual. http://www.	vailable on the Maine Municipal A			

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