



*Department of  
the Secretary of State  
Bureau of Motor Vehicles*

**Application for Trailer Transit License  
Reference Title 29-A §954-6**

**Please print and use blue or black ink only.**

Legal business name: \_\_\_\_\_ EIN/SS# \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Physical address: \_\_\_\_\_  
Street City/Town/State Zip

Mailing address: \_\_\_\_\_  
Street/PO Box City/Town/State Zip

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

Is your business a:  Individual  Partnership  Corporation State of Incorporation: \_\_\_\_\_

Please list below the name, phone number, date of birth, and title of each owner, partner, or officer in your business.

Name	Phone No.	DOB	Title	% of Ownership

Name	Phone No.	DOB	Title	% of Ownership

Name	Phone No.	DOB	Title	% of Ownership

Primary contact person: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

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

Street	City/Town/State	Zip

Street	City/Town/State	Zip

I hereby make application for a Trailer Transit License and plate(s) 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.

If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

Signature of authorized person	Printed name	Official title	Date



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**Please provide proof of insurance**

Application fee: \$150.00

License fee: \$150.00

SBI Background Check Fee (per owner): \$21.00

Plate fee (per plate): \$20.00

Number of plates being requested: \_\_\_\_\_

Total Fees: \_\_\_\_\_

**Payment Information**

Please make check or money order payable to **Secretary of State** and send to: **Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta, ME, 04333.**

Or payment may be made by credit/debit card. Please complete the section below if you choose to pay by credit/debit card.

**If you have any questions, please contact Dealer Licensing and Regulation at (207) 624-9000 ext. 52143.**

Card Type:  Visa     Mastercard     Discover     American Express

Credit/Debit Card Number : \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on the credit/debit card: \_\_\_\_\_

Signature of card holder : \_\_\_\_\_