

**STATE OF MAINE**  
**STANDARD PERMIT APPLICATION FOR INTRA/INTERSTATE TRAVEL FOR**  
**NON-DIVISIBLE OVERSIZE AND/OR OVERWEIGHT LOADS**

**Motor Carrier Details:**

Application Date: _____	Overlimit Permit Account #: _____
DOT #: _____	Or Credit Card #: _____
Legal Name: _____	Expiration Date: _____
Mailing Address: _____	Card Holders Name: _____
_____	Card Holders Signature: _____
Phone Number: _____	Billing Address: _____
Fax Number: _____	_____

**Permit Details:**

Permit Type (Please check one): <input type="checkbox"/> Maine Only <input type="checkbox"/> Multi State	
Trip Type (Please check one): <input type="checkbox"/> Single <input type="checkbox"/> Return <input type="checkbox"/> Multiple for _____ # of trips <input type="checkbox"/> Long Term for _____ # of months	
Transport Type (Please check one): <input type="checkbox"/> Straight Truck <input type="checkbox"/> SME Class A <input type="checkbox"/> SME Class B <input type="checkbox"/> SME (Out of State)	
<input type="checkbox"/> Truck/Trailer <input type="checkbox"/> Tractor/Semi-Trailer	
Permit Effective Date: _____	

**Vehicle Details:**

Power Unit	Trailer (If applicable)
Registration Number: _____	Registration Number: _____
State/Jurisdiction: _____	State/Jurisdiction: _____
Class Code: _____	Class Code: _____
Registered Weight: _____	Length: _____ ft _____ in Conforming? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Axles: _____	Number of Axles: _____

**Object Details:**

Object: _____	# of Objects: _____
Object Configuration (Check all that apply): <input type="checkbox"/> End to End <input type="checkbox"/> Side by Side <input type="checkbox"/> Stacked <input type="checkbox"/> Nested	
Total Weight _____ lbs    Height _____ ft _____ in    Length _____ ft _____ in    Width _____ ft _____ in	
Front Overhang _____ ft _____ in    Rear Overhang _____ ft _____ in    Eave Width (Mobile/Modular) _____ ft _____ in	
Mobile Home Identification Year: _____ Make: _____ Color: _____ Mobile/Modular Serial #: _____	

**Trip Details:**

Origin City & State: _____	Destination City & State: _____
State    Requested Routing	
_____	_____
_____	_____
_____	_____

Applicant's Printed Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

*I acknowledge that this object/load cannot be readily reduced to the legal limit and all the above information is correct.*

*\*Using Discover or American Express will result in additional fees. Please call for applicable fee.*

Bureau of Motor Vehicles – Overlimit Permit Unit, 29 State House Station, Augusta, ME 04333-0029

Phone (207) 624-9000 ext 52134 TTY 877-456-8195 FAX (207) 622-5332