

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"/> NEW REG	September 17, 2024	09:00 A.M.	01:00 P.M.	NEW PART 1	ZOOM	AUGUSTA
<input type="checkbox"/> NEW REG	September 18, 2024	09:00 A.M.	01:00 P.M.	NEW PART 2	ZOOM	AUGUSTA
<input type="checkbox"/> TRUCK	September 19, 2024	09:00 A.M.	01:00 P.M.	TRUCK	ZOOM	AUGUSTA
<input type="checkbox"/> LIMITED NEW REG	October 7, 2024	09:00 A.M.	02:00 P.M.	LIMITED NEW	ZOOM	AUGUSTA
<input type="checkbox"/> NEW REG	October 8, 2024	09:00 A.M.	01:00 P.M.	NEW PART 1	ZOOM	AUGUSTA
<input type="checkbox"/> NEW REG	October 9, 2024	09:00 A.M.	01:00 P.M.	NEW PART 2	ZOOM	AUGUSTA
<input type="checkbox"/> TRUCK	October 10, 2024	09:00 A.M.	01:00 P.M.	TRUCK	ZOOM	AUGUSTA
<input type="checkbox"/> NEW REG	November 19, 2024	09:00 A.M.	01:00 P.M.	NEW PART 1	ZOOM	AUGUSTA
<input type="checkbox"/> NEW REG	November 20, 2024	09:00 A.M.	01:00 P.M.	NEW PART 2	ZOOM	AUGUSTA
<input type="checkbox"/> TRUCK	November 21, 2024	09:00 A.M.	01:00 P.M.	TRUCK	ZOOM	AUGUSTA
<input type="checkbox"/> LIMITED NEW REG	December 9, 2024	09:00 A.M.	02:00 P.M.	LIMITED NEW	ZOOM	AUGUSTA

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TRAINING	DATE	TIME FROM	TIME TO	LOCATION	STREET	CITY
<input type="checkbox"/> NEW REG	December 10, 2024	09:00 A.M.	01:00 P.M.	NEW PART 1 - BMV MAIN OFFICE	101 HOSPITAL STREET	AUGUSTA
<input type="checkbox"/> NEW REG	December 11, 2024	09:00 A.M.	01:00 P.M.	NEW PART 2 - BMV MAIN OFFICE	101 HOSPITAL STREET	AUGUSTA
<input type="checkbox"/> TRUCK	December 12, 2024	09:00 A.M.	01:00 P.M.	TRUCK - BMV MAIN OFFICE	101 HOSPITAL STREET	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> .