

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.

<input checked="" type="checkbox"/>	Day	Time	Authority Level
<input type="checkbox"/>	Monday, September 23, 2024	10-11am	Limited New-Electronic
<input type="checkbox"/>	Monday, September 23, 2024	10-11am	New/Truck-Electronic
<input type="checkbox"/>	Monday, September 23, 2024	10-11am	Statutory Agents

<input type="checkbox"/>	Tuesday, September 24, 2024	10-11am	Limited New-Manual
<input type="checkbox"/>	Tuesday, September 24, 2024	10-11am	New/Truck-Manual
<input type="checkbox"/>	Tuesday, September 24, 2024	1-2PM	Statutory Agents

<input type="checkbox"/>	Wednesday, September 25, 2024	1-2PM	Limited New-Electronic
<input type="checkbox"/>	Wednesday, September 25, 2024	1-2PM	New/Truck-Electronic

<input type="checkbox"/>	Thursday, September 26, 2024	1-2PM	Limited New-Manual
<input type="checkbox"/>	Thursday, September 26, 2024	1-2PM	New/Truck-Manual

<input type="checkbox"/>	Tuesday, October 1, 2024	3-4PM	Limited New-Electronic
<input type="checkbox"/>	Tuesday, October 1, 2024	3-4PM	New/Truck-Electronic

<input type="checkbox"/>	Wednesday, October 2, 2024	3-4PM	Limited New-Manual
<input type="checkbox"/>	Wednesday, October 2, 2024	3-4PM	New/Truck-Manual
<input type="checkbox"/>	Wednesday, October 2, 2024	3-4PM	Statutory Agents

**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> .