



Department of Motor Vehicles
 Agency of Transportation
dmv.vermont.gov

Transporter Log

120 State Street
 Montpelier, Vermont 05603-0001
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Transporter Registration # _____ Year _____ Sheet Number _____

Vehicle Owner (1)				Vehicle Owner (2)			
Name:				Name:			
Address:				Address:			
Vehicle (1)		Vehicle (2)		Vehicle (2)		Vehicle (2)	
Make:	Year:	Trip Permit:		Make:	Year:	Trip Permit:	
VIN:				VIN:			
Point of Origin:				Point of Origin:			
Destination:				Destination:			
Vehicle (1)	Plates	Date	Time	Vehicle (2)	Plates	Date	Time
Attached				Attached			
Detached				Detached			
Overall Size (Vehicle and Load):				Overall Size (Vehicle and Load):			
Vehicle Owner (3)				Vehicle Owner (4)			
Name:				Name:			
Address:				Address:			
Vehicle (3)		Vehicle (4)		Vehicle (4)		Vehicle (4)	
Make:	Year:	Trip Permit:		Make:	Year:	Trip Permit:	
VIN:				VIN:			
Point of Origin:				Point of Origin:			
Destination:				Destination:			
Vehicle (3)	Plates	Date	Time	Vehicle (4)	Plates	Date	Time
Attached				Attached			
Detached				Detached			
Overall Size (Vehicle and Load):				Overall Size (Vehicle and Load):			

Use Separate Record for each Transporter Plate Issued

Signature of Transporter/Authorized Agent: _____