



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
BUREAU OF INSURANCE
 34 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0034

Maine Bureau of Insurance Duplicate License Request Form

Name (Individual or Business Entity): _____

| | | |
|------------------------|-----------------|-----------------|
| FEIN/Social Security # | Maine License # | E-Mail Address: |
|------------------------|-----------------|-----------------|

Business Mailing Address (for Business Entity or Individual changes)

Note: Business addresses are displayed on the Internet.

| | | | |
|---------------|---------------------------------|----------|-----------------------|
| Business Name | | | |
| PO Box | Business Street Mailing Address | | |
| City | State | Zip Code | Business Phone Number |

Individual Home Mailing Address

| | | | |
|--------|------------------------|----------|-------------------|
| PO Box | Street Mailing Address | | |
| City | State | Zip Code | Home Phone Number |

Duplicate license fee is \$10. Please allow up to three weeks for license to arrive in the mail.

If paying by check, please make checks payable to: Treasurer, State of Maine.

If paying by credit card, please submit the credit card authorization form.

Name (Person Completing this form): _____

Phone #: _____

If you have any questions, please contact: Ann Tarr (207)624-8475
 Return Form & Fees to: Maine Bureau of Insurance
 34 State House Station
 Augusta ME 04333-0034
 Fax: 207-624-8599

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OFFICES LOCATED AT 76 NORTHERN AVENUE, GARDINER, MAINE 04345
www.maine.gov/insurance

Phone: (207) 624-8475 (Office) TTY: 1-888-577-6690 Customer Complaint (800) 300-5000 Fax: (207) 624-8599

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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

| |
|---|
| Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN): |
|---|

| |
|---------------------|
| Purpose of Payment: |
|---------------------|

| | | |
|---------------------|---|-----------|
| Name of Cardholder: | Contact persons phone #, if questions with this form. Telephone #: () - | |
| Mailing Address: | | |
| City: | State: | Zip Code: |

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my: (please check one)

Visa MasterCard Discover _____
(Card number)

Expiration date: ____/____/____ in the amount of: \$_____
(month) (year)

Signature: _____ Date: ____/____/____
(must be signed by authorized person to validate)

Form is available on our website: www.maine.gov/insurance
You may fax the form to: 207-624-8599 or e-mail to Insurance.pfr@maine.gov