



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

Responsible Person Change/Update Form

Portable Electronic Device Vendor or Self-Storage Provider

A portable electronic device vendor or self-storage provider must designate a person to be responsible for the entity's compliance with the insurance laws and rules of the State of Maine. See 24-A M.R.S. § 7007(2)(A) and § 7506(2)(A). This form may be used to designate a new responsible person **or** update the current person's contact information.

Portable Electronic Device Vendor or Self-Storage Provider Name			
Maine License #		FEIN	Phone #
PO Box	City	State	Zip Code
Home Office Street Address			
City		State	Zip Code
CHECK ONE:	<input type="checkbox"/> Designate a new responsible person <input type="checkbox"/> Update current responsible person's contact information		
Name of Current Responsible Person		Name of New Responsible Person (if applicable)	
Responsible Person Title			
Responsible Person Residence Address			
Responsible Person Email Address			Responsible Person Telephone Number

By signing as the Responsible Person, I accept the responsibility of this role as outlined in 24-A M.R.S. § 7007(2)(A) or § 7506(2)(A) as applicable.

Signature of Responsible Person: _____

Person Submitting Form: _____ Phone #: _____

If you have any questions, please contact 207-624-8475 or e-mail insurance.pfr@maine.gov

