



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

<h2 style="margin: 0;">BOARD OF BOILERS & PRESSURE VESSELS</h2> <h3 style="margin: 0;">EXAMINATION APPLICATION</h3> <h3 style="margin: 0; color: blue;">Required Fee: \$25.00</h3>		Office Use Only: 1446 - \$25.00
EXAMINATION TYPE:		
<input type="checkbox"/> Boiler Operator <input type="checkbox"/> 1st Class Stationary Steam Engineer <input type="checkbox"/> 2nd Class Stationary Steam Engineer <input type="checkbox"/> 3rd Class Stationary Steam Engineer <input type="checkbox"/> 4th Class Stationary Steam Engineer	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

Boiler Operator Training Permit Held: Yes No Expiration Date:

Do you currently hold a Boiler Operator or Stationary Steam Engineer License? Yes No

If yes, State _____ Grade _____ License # _____ Expiration Date: _____

Have you successfully completed a Board approved High-Pressure Boiler Operator course?

Yes No If yes, please enclose a copy of your certificate.

Present or Last Employer:	From <u> </u> / <u> </u> / <u> </u> Month/day/year	To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Name of Engineer in Charge:	
Your Title:	Hours per Week:	
	Total Hours:	
Detail Work Performed:	Plant Capacity:	
	Boiler Steam Pressure:	

Previous Employer :	From <u> </u> / <u> </u> / <u> </u> Month/day/year	To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Hrs. per Week: _____	
Your Title:	Total Hrs.: _____	
Detail Work Performed:	Plant Capacity:	
	Boiler Steam Pressure:	

Previous Employer :	From <u> </u> / <u> </u> / <u> </u> Month/day/year To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Hrs. per Week: _____
Your Title:	Total Hrs.: _____
Detail Work Performed:	Plant Capacity:
	Boiler Steam Pressure:

Previous Employer :	From <u> </u> / <u> </u> / <u> </u> Month/day/year To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Hrs. per Week: _____
Your Title:	Total Hrs.: _____
Detail Work Performed:	Plant Capacity:
	Boiler Steam Pressure:

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF BOILERS & PRESSURE VESSELS
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8606 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-669

AFFIDAVIT

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:

ENGINEER-IN-CHARGE COMPLETE THE FOLLOWING SECTION
TYPE OF EXAMINATION
(Check The Type of Examination The Applicant is Requesting)

- Boiler Operator – **PREREQUISITE OPERATING EXPERIENCE:** Six (6) months operating experience under a boiler operator training permit under the supervision of an engineer-in-charge.
- 4th Class Stationary Steam Engineer – **PREREQUISITE OPERATING EXPERIENCE:** One (1) year operating or supervising experience as a licensed Boiler Operator as an: (1) Engineer in charge of a high pressure heating plant with a capacity of not more than 20,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.
- 3rd Class Stationary Steam Engineer - **PREREQUISITE OPERATING EXPERIENCE:** One (1) year operating or supervising experience as a licensed 4th Class Engineer as an: (1) Engineer in charge of a plant with a capacity of not more than 50,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.
- 2nd Class Stationary Steam Engineer – **PREREQUISITE OPERATING EXPERIENCE:** Two (2) years operating or supervising experience as a licensed 3rd Class as an: (1) Engineer in charge of a plant with a capacity of not more than 100,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.
- 1st Class Stationary Steam Engineer - **PREREQUISITE OPERATING EXPERIENCE:** Two (2) years operating or supervising experience as a licensed 2nd Class Engineer as an: (1) Engineer in charge of a plant with a capacity of not more than 200,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.

THE APPLICANT LISTED ABOVE HAS WORKED UNDER MY SUPERVISION AND HAS MET THE PREREQUISITE OPERATING EXPERIENCE TO QUALIFY FOR EXAMINATION. THE INFORMATION GIVEN BY ME IN THIS AFFIDAVIT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Engineer-in-Charge

Date: _____

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 122 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.