



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
LICENSE VERIFICATION REQUEST**

REQUESTOR'S INFORMATION (please print)

FULL LEGAL NAME      *FIRST*                      *MIDDLE INITIAL*                      *LAST*

COMPANY

MAILING ADDRESS

CITY                                      STATE                                      ZIP                                      COUNTY

PHONE # (    )                                      FAX # (    )

EMAIL

**SIGNATURE**                                      **DATE**

**Board of Complementary Health Care Providers  
License Verification Request  
Required Fees: \$25.00**

\$25.00 per verification

\_\_\_\_\_ Number of Verifications Requested

**Office Use Only:**

4450    2685- \$25.00

**Office Use Only:**

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_

LICENSEE INFORMATION — This form may be used for single or multiple license verifications.

NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
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NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:

**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)      *FIRST*                      *MIDDLE INITIAL*                      *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my

VISA                       MASTERCARD                      the following amount: \$ \_\_\_\_\_

Card number:      *XXXX-XXXX-XXXX-XXXX*                      Expiration Date      *mm / yyyy*

**SIGNATURE**                                      **DATE**

**ADDRESS TO SEND LICENSE VERIFICATION FOR**

*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ( )	FAX ( )	EMAIL

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*LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
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### 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?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **How long does it take to process an application?** License Verifications are processed within 7—10 business days of being received.

#### Before you seal the envelope, did you:

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