



**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 | |

| | | |
|--|--|--|
| <p>ELECTRICIANS EXAMINING BOARD LIMITED CRANE TECHNICIAN APPLICATION GRANDFATHERED (Work experience prior to September 18, 1999)</p> <p>Required Fee: \$146.00 (includes criminal records check fee)</p> | | <p>Office Use Only: 1446- \$25.00 1421 -\$100.00 2619 - \$21.00</p> |
| <p>LICENSE TYPE:</p> <p><input type="checkbox"/> Limited License as a Crane Technician (LM1421)</p> | | <p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____</p> |

| | | | |
|--|-------------------------------------|--------------------------------|------------------|
| 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 | |

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Any person having work experience in the installation of cranes and hoists, as defined by the National Electrical Code, prior to 9/18/99, qualifies to be licensed as a crane technician. This covers the installation of electric equipment and wiring used in connection with cranes, monorail hoists, hoists, and all runways. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:

PRESENT OR LAST EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: Yes No

2. EMPLOYER:

PREVIOUS EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TOTAL HOURS PER WEEK: _____ TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: Yes No

3. EMPLOYER:

PREVIOUS EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER:

Yes No

4. EMPLOYER:

PREVIOUS EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER:

Yes No

Board Members Denying Application _____

(please initial)

Date: _____

Reason for Denial: _____

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)
- Proof of documentation of work experience in installation of cranes and hoists prior to September 18, 1999.
- 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