

APPLICATION FOR LICENSE REINSTATEMENT



Department of Professional and Financial Regulation
Office of Licensing and Registration

ELEVATOR & TRAMWAY SAFETY BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8672

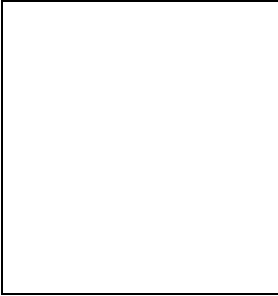
Hearing Impaired: 1-888-577-6690

Website: www.maine.gov/professionallicensing

Office located at: 122 Northern Avenue, Gardiner, Maine

LICENSE REINSTATEMENT APPLICATION

STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
 OFFICE OF LICENSING AND REGISTRATION
ELEVATOR & TRAMWAY SAFETY BOARD
 35 STATE HOUSE STATION
 AUGUSTA, ME 04333
 TEL: (207)624-8672 FAX: (207)624-8636
 HEARING IMPAIRED: 1-888-577-6690



Office Use Only
Lic. #: _____
Date Issued: _____
Date Expires: _____
Cash #: _____
4530 - 1427
4530 - 2090

Please check appropriate box

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Elevator Mechanic | License fee: \$50.00 (EM1427) |
| <input type="checkbox"/> Lift Mechanic | License fee: \$50.00 (LMC1427) |
| <input type="checkbox"/> Elevator Inspector | License fee: \$50.00 (INS1427) |
| <input type="checkbox"/> Tramway Inspector | License fee: \$50.00 (TRI1427) |
| <input type="checkbox"/> Wire Rope Inspector | License fee: \$50.00 (WRI1427) |
| <input type="checkbox"/> Elevator Contractor | License fee: \$50.00 (ECP1427) |
| <input type="checkbox"/> Late fee: 1 to 90 days from expiration date \$50.00; 91 days to 2 years \$100.00 (2090) | |

PAYMENT OPTIONS:	<input type="checkbox"/> Check or Money Order Payable to "Treasurer State of Maine". <input type="checkbox"/> Credit Card: MasterCard or VISA Only. Complete the following: I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Exp. Date ____/____ in the amount of \$_____. Signature _____
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Name of applicant:			
Contact address:			
City:	State:	Zip Code:	County:
Home Telephone: (____) _____ - _____		Work Telephone: (____) _____ - _____	
Date of Birth:		Social Security Number:	

Have you ever been convicted of a crime?
 Yes No If yes, enclose a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Has any jurisdiction taken disciplinary action against any professional license you hold or have held or denied your application for licensure?
 Yes No If yes, enclose a copy of the Decision and Order or Consent Agreement.

ELEVATOR INSPECTORS ONLY:

Do you hold a Qualified Elevator Inspector certification? Yes No

Please enter the expiration date of your certification. _____

I have read and understand the State of Maine Board of Elevator and Tramway's Safety's current laws and rules? Yes No

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature _____ Date _____