STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAINE FUEL BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8636
Maine Relay 711 (TTY)

LIMITED OPERATOR APPLICATION

Limited Operator Information (please print)

Full Legal Name:			
Date of Birth:		Social Security Number:	
Mailing Address:			
City:	State:	Zip Code:	County:
Phone # ( )	Fax # ( )	E-Mail:	
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.			
SIGNATURE:		**DATE:**	
If you are currently licensed as a Plant Operator and/or Delivery Technician you do not need to complete the following Limited Operator Training Affidavit.			
I am currently licensed as a:			
☐ Plant Operator	☐ Delivery Technician	License Number:	

Dispensing Station Information (please print)

Name of Facility		
Physical Address of Facility		
City	State:	Zip Code:
Name of Owner of Dispensing Station Equipment:		

Limited Operator Training Affidavit (please print)

Name of Limited Operator: _____ has been properly trained as the Limited Operator at the above facility in accordance with 32 MRS §18142(2)(B).	
Date:	Signature of Limited Operator:
Date:	Signature of Training Representative:
	Training Representative Name Typed or Printed:
	Company Name of Owner of the Filling Equipment: