



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

<b>APPLICANT INFORMATION (please print)</b>			
NAME OF FACILITY			
CONTACT ADDRESS OF FACILITY			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FEDERAL I.D. NUMBER		
NAME OF OWNER OF DISPENSING STATION EQUIPMENT			
ADDRESS OF OWNER			
CITY	STATE	ZIP	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. 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.			
<b>SIGNATURE</b>		<b>DATE</b>	

<p><b>MAINE FUEL BOARD</b> <b>PROPANE DISPENSING STATION REGISTRATION</b> <b>REQUIRED FEE: \$155.00</b></p>	
<p>LICENSE TYPE:</p> <p><input type="checkbox"/> Propane Dispensing Station (DIS1421)</p>	<p><b>Office Use Only:</b></p> <p>1446 - \$25.00 1421 - \$130.00</p> <hr/> <p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____</p>

<b>PAYMENT OPTIONS:</b>			
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>
<b>SIGNATURE</b>		<b>DATE</b>	

Limited Operator's Name:	Limited Operator's Telephone: (     )     -
--------------------------	--

Type of Tanks: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Number of Tanks: _____
--	------------------------

Water Capacity Per Tank: _____	Tank(s) Protected: _____
--------------------------------	--------------------------

Distances From:	
_____ Nearest Building	_____ Sources of Ignition
_____ Intake to Direct Vent Appliance	_____ Property Line
_____ Flammable or Combustible Liquid Tank (s)	_____ Street

Is Tank: <input type="checkbox"/> Aboveground <input type="checkbox"/> Mounded <input type="checkbox"/> Underground
---

Nature of Foundation:
-----------------------

Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

Are the Valves Protected Form Tampering? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

Name and License # of Individual Who Will Construct:
--

<b>DIRECTIONS TO DISPENSING STATION FROM AUGUSTA, MAINE</b>
---

**FOR YOUR INFORMATION**

**This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required. Approval subject to inspection of the tanks and surrounding premises as completed. The onsite operator of the dispensing station must hold a limited operator's license issued by the board. Training must occur before dispensing station employees may fill cylinders and the training documentation must be kept on-site.**

**PLEASE PROVIDE DETAILED PLANS INCLUDING A CROSS-SECTIONAL VIEW, FRONT AND SIDE ELEVATIONS, AND A PLOT PLAN ADDRESSING THE ITEMS LISTED ON THE NEXT PAGE**

1. Facility Design
  - a. Tank Valve
  - b. Strainer
  - c. Flex Connector
  - d. Pump
  - e. By-Pass Line
  - f. Transfer Valve
  - g. Excess Flow Valve
  - h. Meter
  - i. Vapor Eliminator Line
  - j. Vent Valve
  - k. Break-A-Way Coupling
  - l. Hose End Valve
  - m. Relief Valve
  - n. Hydrostatic Relief Valve
  - o. Piping
  - p. Vaporizer
  - q. Emergency Shutdown Devices

2. Labeling
  - a. Piping
  - b. Tanks
    - (i) Identification Contents
    - (ii) Flammable
3. Protection
  - a. Collision
  - b. Flood
  - c. Tampering
  - d. Fire Extinguishment
4. Plot Plan
  - a. Distance from tank to
    - (i). Buildings
    - (ii). Street
    - (iii). Property Lines
    - (iv). Other Propane or Fuel Storage Tanks
    - (v). Ignition Sources
    - (vi). Fence

**DIAGRAM OF FACILITY**

**DO NOT WRITE IN THIS BLOCK**

PLANS APPROVED: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

# PROPANE LIMITED OPERATOR LICENSE APPLICATION

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**MAINE FUEL BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8606 FAX: (207)624-8636  
HEARING IMPAIRED: 1-888-577-6690

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR ON AN ANNUAL BASIS AND EVIDENCE OF TRAINING MUST BE FILED WITH THE BOARD AT THE TIME OF LICENSE RENEWAL.

## APPLICANT INFORMATION (please print)

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

ANY OTHER NAMES EVER USED:

DATE OF BIRTH      *mm / dd / yyyy*                      SOCIAL SECURITY NUMBER      -      -

MAILING ADDRESS

CITY                      STATE                      ZIP                      COUNTY

PHONE # (    )                      FAX # (    )                      E-MAIL

### CRIMINAL BACKGROUND DISCLOSURE

*NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

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**

## APPLICANTS CURRENTLY LICENSED AS PLANT OPERATORS AND/OR DELIVERY TECHNICIANS DO NOT NEED TO COMPLETE THE FOLLOWING AFFIDAVIT.

I am currently licensed as:                       Plant Operator     Delivery Technician

License Number: \_\_\_\_\_

**AFFIDAVIT**

I hereby certify that \_\_\_\_\_ has  
been properly trained.  
(Name of Applicant)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Company Representative Name Typed or Printed

\_\_\_\_\_  
Company Name of Owner of the Filling Equipment

\_\_\_\_\_  
Signature of Training Representative

\_\_\_\_\_  
Training Representative Name Typed or Printed

# PROPANE DISPENSING STATION AFFIDAVIT

I hereby certify that the following list of dispensing station operators have been properly trained by using the Dispensing Station Operators Manual and have viewed the National Propane Gas Association Video entitled, "Fill It or Not." I have also verified that each dispensing station operator is at least 18 years of age.

DISPENSING STATION OPERATOR(S) NAME:

**PLEASE TYPE OR PRINT WITH INK.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Owner/Operator Name Typed or Printed

\_\_\_\_\_  
Company Name of Operator

**TO BE POSTED AT FACILITY**

### 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
- **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](http://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.