



## **APPLICATION GUIDELINE**

Enclosed are all relevant materials for a mechanic license in the State of Maine. If you have any questions, you may contact the Manufactured Housing Board office at (207) 624-8612 or (207) 624-8618.

### **LICENSING REQUIREMENTS**

**To apply for a mechanic license, the following documentation must be submitted**

1. A completed application;
2. If the applicant is an out-of-state entity, a duly-executed power of attorney appointing the Executive Director as its agent for service of process in this State;
3. Proof of products/completed operations liability insurance for a limit of not less than \$300,000 per occurrence, bodily injury and property damage or combined single limit, and proof of workers' compensation insurance (unless waived in a manner approved by the Workers' Compensation Board) and applicable to products sold, or work performed in Maine. Insurance policies must remain in effect while a license is active. The liability policy must include mandatory notice of cancellation to the Manufactured Housing Board. Sole proprietors, owners of a partnership and owners or members of a limited liability company need not provide proof of workers' compensation insurance on themselves;
4. For corporations not organized under Maine law, a certificate of authority from the Maine Secretary of State. For assistance please contact them at (207) 624-7752;
5. Evidence of Completion of Qualifying (Initial) Education Training Program or a certificate of completion of a board-approved training program;
6. Payment of the appropriate license fee; and
7. If the applicant is a sole proprietor, payment of the criminal background check fee.

### **CRIMINAL 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 Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background check of individuals are subject to a fee as determined by the Commission of Public Safety.

## **QUALIFYING (INITIAL) EDUCATION TRAINING PROGRAM**

The Manufactured Housing Board is required to provide initial training in the servicing and installation of manufactured housing to all licensees and applicants for licensure for licensure beginning July 1, 2000, pursuant to Title 10, Chapter 951 §9021(1-A). Therefore, in order to obtain a license, it is **mandatory** to attend initial training or a certificate of completion of a board-approved training program prior to a license being issued. A registration form is enclosed with this packet.

## **FEE SCHEDULE**

All fees are non-refundable and must accompany your license application. Checks should be made payable to: Treasurer State of Maine. Fees will be charged for the following:

- Original Mechanic License                      \$200
- Criminal Background Check                      \$21



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

**APPLICATION FOR A MECHANIC LICENSE**

**APPLICANT STATUS** Please check one of the following

- Sole Proprietor    Partnership    Corporation    LLC    Other \_\_\_\_\_

**For entities other than sole proprietors the following additional is required:**

Partnership(s) – name and contact address of each partner.

Corporation(s) – name, contact address and title of each corporate officer and director; name and contact address of each shareholder owning 10% or more of the voting stock of the corporation, including over-the-counter stock, unless the stock is traded on a major stock exchange and not over-the-counter.

Limited Liability Company – name and contact address for each member and manager described in 31 MRSA §655(1)(A).

Name(s) & Addresses of Partners, Corporate Officers, Shareholders or Members and Managers		
Name		
Address		
Date of Birth	Telephone Number	Title Held
Name		
Address		
Date of Birth	Telephone Number	Title Held
Name		
Address		
Date of Birth	Telephone Number	Title Held

**Name of partner, corporate officer, member or manager who will be representing the applicant in matters before the board:**

Name
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**REFERENCES** Each applicant must submit to the Board the names of three (3) individuals, including their telephone numbers and occupations, who can attest to the reputation, character, and technical competence of the applicant. At least one of the references shall be a licensee of the board, whose license number shall be stated.

Names and Addresses of References		
Name of Reference Address		Occupation and License Number
		Telephone Number
Name of Reference Address		Occupation and License Number (if applicable)
		Telephone Number
Name of Reference Address		Occupation and License Number (if applicable)
		Telephone Number

**AGE** Is the Sole Proprietor at least eighteen (18) years of age?     Yes     No

**SOLE PROPRIETOR'S CRIMINAL HISTORY.** Please answer the following questions.

- a. Are you currently under indictment or information for a crime?     Yes     No
- b. Have you ever been convicted of a crime?     Yes     No  
     *if yes, provide the date (s) of the conviction (s).*
- c. Are you a fugitive from justice?     Yes     No
- d. Are you an illegal alien?     Yes     No

<b><u>PROFESSIONAL LICENSES</u></b> Please list any professional licenses held.



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INDIVIDUAL LICENSE APPLICATION**

**Employment Record**      The applicant shall provide evidence of two years of work experience related to the license being applied for under the supervision of a dealer or mechanic, or evidence of work experience or training deemed equivalent by the Board. Please attach a separate sheet for additional work experience.

Name(s) & Addresses of Employer(s)		
Name of Employer	Address	Telephone Number
Type of Business/Organization		Dates Employed
Duties and Responsibilities please use additional sheets if needed.		
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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
- **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 required Insurance with the Manufactured Housing Board as the Certificate Holder
- Make a copy of your application to keep for your records
- DO NOT SEND CASH