



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 OFFICE OF LICENSING & REGISTRATION
MANUFACTURED HOUSING BOARD
 35 STATE HOUSE STATION

AUGUSTA, MAINE
 04333-0035

Office Phone (207) 624-8612
 Fax (207) 624-8637

JOHN ELIAS BALDACCI
 GOVERNOR

TTY/HEARING IMPAIRED (888) 577-6690

ANNE L. HEAD
 DIRECTOR

**APPLICATION FOR STATE OF MAINE
 HOME INSTALLATION WARRANTY SEALS**

1. Name of Installer _____
 License # _____
 Mailing Address _____

2. Number of Home Installation Warranty Seals Requested
 _____ Seals x \$200 per seal \$ _____ Total Amount Due

Check or Money Order made Payable to: **MAINE STATE TREASURER**

This form may be reproduced as needed.

FOR OFFICE USE ONLY

Amount Received: _____ Check Number: _____
 Cash Number: _____ Deposit Code: **43602632**
 Number of Seals Issued: _____ Date of Issuance: _____
 Seal Numbers Issued: _____ through _____

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration
 To charge my Visa MasterCard _____ - _____ - _____ - _____

Expiration date: ____/____/____ in the amount of \$ _____

Signature: _____ Date: ____/____/____