

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

AFFIDAVIT

Please complete appropriate section and be sure **AFFIDAVIT IS NOTARIZED.**

Section 1. **RESIDENT EXPERIENCE.** This section to be completed by the supervising master technician verifying licensed practical experience.

I, _____, License # _____
(Name of Master Technician)

(Company Name, Address and Phone #)

do hereby certify that _____ has been
(Name of applicant)

under my supervision as:

PLEASE CHECK BOTH IF APPLICABLE.

Dates time accumulated must be listed or affidavit will be returned.

A licensed apprentice technician

From: _____ To: _____
Month Day Year Month Day Year

A licensed journeyman technician

From: _____ To: _____
Month Day Year Month Day Year

Signature of Master Technician

Date

Section 2. **NON-RESIDENT EXPERIENCE.** This section to be completed by the current or former employer verifying practical experience.

I, _____,
(Name of Employer)

(Company Name, Address and Phone #)

do hereby certify that _____ has been under my
(Name of Applicant)

supervision as a(n) _____ and performing the
(Title of Position)

following list of duties: _____

From: _____ To: _____
Month Day Year Month Day Year

Signature of Employer

Date

Section 3. **NON-RESIDENT EXPERIENCE (SELF-EMPLOYED).** This section to be completed by a community leader who has knowledge of the applicant's existence in business. (three (3) separate community leaders needed)

I, _____
(Community Leader)

_____, _____
(Street/P.O. Box/City/State/Zip) (Phone Number)

do hereby acknowledge that _____ has been in the oil
(Name of Applicant)

burning and solid fuel trade from: _____ To: _____
Month Day Year Month Day Year

Signature of Community Leader

Date