

APPLICATION TO ADD AN ENDORSEMENT PROPANE AND NATURAL GAS TECHNICIAN



Department of Professional and Financial Regulation
Office of Licensing and Registration

PROPANE AND NATURAL GAS BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8606
Hearing Impaired: 1-888-577-6690

Website: www.maine.gov/professionallicensing

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Examination and License – Propane and Natural Gas Technician

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Application form
- A certificate that you have successfully completed and passed an approved training program or proof of successful completion of the Propane and Natural Gas Board's examination

Incomplete applications will be returned.

QUALIFICATIONS – In order to Add an Endorsement, a person must presently be licensed as a Propane and Natural Gas Technician in the State of Maine.

The Propane and Natural Gas Board issues one Propane and Natural Gas Technician license with endorsements as follows:

- **Delivery Technician** – This endorsement is required for persons who deliver propane at a customer's location. This endorsement is not required for a delivery technician to operate a motor vehicle.
- **Plant Operator** – This endorsement is required for persons who work at a bulk plant and handle propane and propane equipment.
- **Tank Setter and Outside Piping Technician** – This endorsement is required for persons who set and maintain propane tanks and outside piping.
- **Appliance Connection and Service Technician** – This endorsement is required for persons who install and service propane and natural gas appliances and indoor piping up to 500,000 BTUs per appliance.
- **Large Equipment Connection and Service Technician** – This endorsement is required for persons who install and service propane and natural gas appliances and indoor piping over 500,000 BTUs per appliance.

In order to become licensed with the Large Equipment Connection and Service Technician endorsement, an applicant must either:

- Hold a license as a technician with the Appliance Connection and Service Technician endorsement and pass the Large Equipment Connection and Service Technician examination; or
- Present proof to the Board of passage of the Appliance Connection and Service Technician examination and pass the Large Equipment Connection and Service Technician examination.

PROPANE AND NATURAL GAS TECHNICIAN APPLICATION TO ADD AN ENDORSEMENT

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

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|--------------------|
| Office Use Only |
| License #: _____ |
| Date Issued: _____ |

| LICENSE ENDORSEMENTS | |
|---|---|
| <input type="checkbox"/> Delivery Technician | <input type="checkbox"/> Tank Setter and Outside Piping |
| <input type="checkbox"/> Plant Operator | <input type="checkbox"/> Appliance Connection and Service |
| <input type="checkbox"/> Large Equipment Connection and Service | |

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| <p>NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.</p> | <p>SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). 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 M.R.S.A. Section 191.</p> |
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NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

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| Name of applicant: | | |
| Contact Address: | | |
| City: | State: | Zip Code: |
| County: | Home Telephone: (____)_____-_____ | |
| | Work Telephone: (____)_____-_____ | |
| Social Security Number: | | |
| Date of Birth: ____/____/____ | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature of Applicant

Date