

CHANGE OF DISPENSING STATION OWNER

DATE RECEIVED

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

<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

New name of facility:		
Contact Address:		
City:	State:	Zip Code:
County:	Work Telephone: (____) _____ - _____	
Federal ID/Social Security Number:		

Former Name of Facility:		
City:	State:	Zip Code:
Dispensing equipment owned by:	Company:	
Mailing Address:	Street/PO Box:	
Town:	Zip:	

See next page for limited operator information

CHANGE OF LIMITED OPERATOR APPLICATION

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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.

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NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

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

Name of Facility:		
Mailing Address of Facility:		
City:	State:	Zip Code:
County:	Date of Hire:	

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

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 STATEMENTS 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. TITLE 32, CHAPTER 130, § 14806 AUTHORIZES THE BOARD TO REFUSE TO ISSUE OR RENEW A LICENSE TO ANYONE FOUND GUILTY OF THE PRACTICE OF FRAUD, MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN OBTAINING A LICENSE.

Applicant's
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
(Name of Applicant)
been properly trained to perform job functions required per D.O.T. regulation.

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