



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

APPLICANT INFORMATION (please print)			
NAME OF FACILITY			
CONTACT ADDRESS OF FACILITY			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FEDERAL I.D. NUMBER		
NAME OF OWNER OF DISPENSING STATION EQUIPMENT			
ADDRESS OF OWNER			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

<p>PROPANE & NATURAL GAS BOARD</p> <p>NATURAL GAS DISPENSING STATION REGISTRATION</p> <p>REQUIRED FEE: \$150.00</p>	
<p>LICENSE TYPE:</p> <p><input type="checkbox"/> Natural Gas Dispensing Station (DIS1421)</p>	<p>Office Use Only:</p> <p>1446 - \$20.00 1421 - \$130.00</p> <hr/> <p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____</p>

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

Limited Operator's Name:	Limited Operator's Telephone: () -
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Type of Tanks: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Number of Tanks: _____
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Water Capacity Per Tank: _____	Tank(s) Protected: _____
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Distances From:	
_____ Nearest Building	_____ Sources of Ignition
_____ Intake to Direct Vent Appliance	_____ Property Line
_____ Flammable or Combustible Liquid Tank (s)	_____ Street

Is Tank: <input type="checkbox"/> Aboveground <input type="checkbox"/> Mounded <input type="checkbox"/> Underground

Nature of Foundation:

Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are the Valves Protected Form Tampering? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Individual or Firm Who Will Construct:
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DIRECTIONS TO DISPENSING STATION FROM AUGUSTA, MAINE

FOR YOUR INFORMATION

This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required. Approval subject to inspection of the tanks and surrounding premises as completed. The onsite operator of the dispensing station must hold a limited operator's license issued by the board. Training must occur before dispensing station employees may fill cylinders and the training documentation must be kept on-site.

PLEASE PROVIDE DETAILED PLANS INCLUDING A CROSS-SECTIONAL VIEW, FRONT AND SIDE ELEVATIONS, AND A PLOT PLAN ADDRESSING THE ITEMS LISTED ON THE NEXT PAGE

REFERENCE CHECKLIST FOR SITE PLAN

A. Front and Side Elevations

- 1. Protection
 - a. Collision
 - b. Flood
 - c. Tampering
 - d. Fire Extinguishment

B. Plot Plan

- 1. Distance from tank to
 - a. Buildings
 - b. Street
 - c. Property Lines
 - d. Other Propane or Fuel Storage Tanks
 - e. Ignition Sources
 - f. Fence
 - g. Dispenser(s)

DIAGRAM OF FACILITY

DO NOT WRITE IN THIS BLOCK

PLANS APPROVED: _____

INSPECTED BY: _____ DATE: _____

APPROVED: _____

NOT APPROVED: _____

RECOMMENDATIONS: _____

NATURAL GAS LIMITED OPERATOR LICENSE APPLICATION

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

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.

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
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.

Dated: _____

Signature of Company Representative

Company Representative Name Typed or Printed

Company Name of Owner of the Filling Equipment

Signature of Training Representative

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?** 122 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. 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 any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.