



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
LICENSE VERIFICATION REQUEST**

REQUESTOR'S INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

COMPANY

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # ()

EMAIL

SIGNATURE

DATE

**Board of Examiners of Psychologists
License Verification Request
Required Fees: \$25.00**

\$25.00 per verification

_____ Number of Verifications Requested

Office Use Only:

4410 2685- \$25.00

Office Use Only:

Check # _____
Amount: _____

Cash # _____

LICENSEE INFORMATION — This form may be used for single or multiple license verifications.

NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME: <i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:

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) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my

VISA MASTERCARD the following amount: \$ _____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

SIGNATURE

DATE

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

ADDRESS TO SEND LICENSE VERIFICATION FOR

LICENSEE NAME

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ()	FAX ()	EMAIL

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?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **How long does it take to process an application?** License Verifications are processed within 7—10 business days of being received.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.