# **Maine Bureau of Insurance**

**Navigator Duplicate Certification Request Form**

**Name of Individual**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Social Security #  XXX-XX- | Maine Certification Number: | E-Mail Address: |

**Duplicate certification forms can be by email or by mail to the navigator’s home or designated mailing address of record. Please specify below:**

Please send by email

## Please send by regular mail

**Duplicate certification fee is $10**.

If paying by check, please make checks payable to: Treasurer, State of Maine.

If paying by credit card, please submit the credit card authorization form.

**Name (Person Completing this form): ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Return Form & Fees to:Maine Bureau of Insurance

## 34 State House Station

## Augusta ME 04333-0034

Fax: 207-624-8599

E-Mail: insurance.pfr@maine.gov

Revised October 2020

state of maine

DEPARTMENT OF PROFESSIONAL

AND FINANCIAL REGULATION

**BUREAU OF INSURANCE**

34 STATE HOUSE STATION

augusta, maine

04333-0034

AUTHORIZATION OF CREDIT CARD PAYMENT



**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.**

**Name (company/individual for whom payment is being made) (Please Include certification # and SSN/FEIN):**

**Purpose of Payment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Cardholder:** |  | **Contact persons phone #, if questions with this form. Telephone #:** ( ) - | |
| **Email Address:** |  |  | |
| **Mailing Address:** |  |  | |
| **City:** | **State:** |  | **Zip Code:** |

**I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my:**

[ ] **Visa** [ ] **MasterCard** [ ] **Discover** [ ]  **American Express**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration date**: / **in the amount of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Card number – Please print clearly)

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

(must be signed by authorized person to validate)

Form is available on our website: www.maine.gov/insurance You may fax the form to: 207-624-8599 or e-mail to: Insurance.pfr@maine.gov