



Department of Public Safety  
STATE FIRE MARSHAL'S OFFICE

52 STATE HOUSE STATION  
AUGUSTA, ME 04333-0052

TEL.: (207) 626-3880

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# APPLICATION FOR CREDIT FOR OUTSIDE TRAINING

Please retain this form and associated documentation. If you have any questions, please contact the Building Codes Division.

Name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employer/Municipality: \_\_\_\_\_

**Please check the areas that you are requesting credits:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Court Rule 80K    | <input type="checkbox"/> Internal Plumbing       | <input type="checkbox"/> Commercial Ventilation |
| <input type="checkbox"/> Legal Issues      | <input type="checkbox"/> Subsurface Wastewater   | <input type="checkbox"/> Residential Energy     |
| <input type="checkbox"/> Land Use / Zoning | <input type="checkbox"/> Residential Building    | <input type="checkbox"/> Commercial Energy      |
| <input type="checkbox"/> Shoreland Zoning  | <input type="checkbox"/> Commercial Building     | <input type="checkbox"/> Radon                  |
|  | <input type="checkbox"/> Residential Ventilation |   |

**Description of Training or Work Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s) of Activity:** \_\_\_\_\_ **Hours claimed:** \_\_\_\_\_

**Institution or Organization Providing Training:**

\_\_\_\_\_

**Location of Training or Work Employment:**

\_\_\_\_\_

**For training credit** (please retain these documents):

- Syllabus/agenda with date, location, and class length
- Registration/Certificate

<b>Office Use Only</b>	
Approved Hours: _____	
Approved By: _____	Date: _____