



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 MUBEC  
TECHNICAL ADVISORY GROUP APPOINTMENT**

Please provide a brief description of your background and why you wish to serve on a specific TAG committee. Your participation is important, and we welcome your interest. Please return this form to the address listed above or by email to Shannon.e.quintal@maine.gov and we will add you to the list for notifications of upcoming meetings.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check name(s) of Technical Advisory Group you are interested in serving on: (please **prioritize** if more than one choice as to which ones you want to be on.)

- |   |  |
|---|--|
| <input type="checkbox"/> Residential                        | <input type="checkbox"/> Building Code                           |
| <input type="checkbox"/> Mechanical & Ventilation           | <input type="checkbox"/> Fire & Life Safety Code – Accessibility |
| <input type="checkbox"/> Training & Certification Committee | <input type="checkbox"/> Energy                                  |
| <input type="checkbox"/> Historic/Existing Building Code    | <input type="checkbox"/> Sprinklers                              |

Where are you currently employed? \_\_\_\_\_

Please list association memberships:

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

Have you held or do you hold an occupational or professional license or certificate in the State of Maine or any other state?  Yes  No

If yes, please specify the type of license/certificate and the issuing authority:

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

Can you:      Attend daytime meetings?       Yes    No

                 Spend time reading materials in preparation for meetings?    Yes    No

Please provide information on your background, experiences, or expertise that you feel would benefit the TAG on which you wish to serve?

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**I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**