JANET T. MILLS
GOVERNOR

SAMANTHA D. HORN
DIRECTOR

STATE OF MAINE
MAINE OFFICE OF COMMUNITY AFFAIRS
127 STATE HOUSE STATION
32 BLOSSOM LANE, 3RD FLOOR SOUTH
AUGUSTA, MAINE
04333-0127

APPLICATION FOR STATE OF MAINE HOME INSTALLATION WARRANTY SEALS

1. Name of Installer _____

   License # _____

   Mailing Address _____

   _____

2. Number of Home Installation Warranty Seals Requested

   _____ Seals x $110 per seal $_____ Total Amount Due

Check or Money Order made Payable to: **MAINE STATE TREASURER**

This form may be reproduced as needed.

FOR OFFICE USE ONLY

Amount Received: _____ Check Number: _____

Cash Number: _____ Deposit Code: **43602632**

Number of Seals Issued: _____ Date of Issuance: _____

Seal Numbers Issued: _____ through _____

I authorize the State of Maine, Department of Maine Office of Community Affairs
To charge my ☐ Visa ☐ MasterCard _____

Name of Cardholder _____

Mailing Address _____ City _____ State _____

Zip Code _____ County _____ Telephone _____

Expiration date: _____/_____ in the amount of $_____

☐ **I understand that fees are non-refundable**

Signature: _____ Date: _____/_____/_____