

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 WARRANTY SEALS

Note: Only one plant per application.

Name of Manufacturer _____ License # _____

Mailing Address _____

Plant Name & _____

Plant Address _____

2. Number of 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: ____/____/____