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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 SEAL OF APPROVAL

1. Name of Manufacturer _____ License # _____

   Mailing Address _____

   _____

   Plant Name & _____

   Plant Address

2. Number of Seals of Approval

   _____Seals x $110 per seal $_____Total Amount Due

Check or Money Order made Payable to: MAINE STATE TREASURER

This application is made for State of Maine Seals of Approval for attachment to units to be in full compliance with the Rules adopted by the State of Maine Manufactured Housing Program.

_____ Date _____

Authorized Manufacturer's Signature & Corporate Title

This form may be reproduced as needed.

NOTE: **ALL SEALS ARE FORWARDED TO THE APPROPRIATE THIRD PARTY INSPECTION AGENCY FOR ISSUANCE.**

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: _____/_____/_____