**Duplicate License Request Form**

**This form and fee is only required if requesting a hard copy of the license to be mailed**.

If you would like a pdf copy of the license to be emailed, please visit our website at [Duplicate License Request | PFR Insurance (maine.gov)](https://www.maine.gov/pfr/insurance/licensees/individuals-business-entities/duplicate-license-request)

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

|  |  |
| --- | --- |
| SSN or NPN  | Maine License # |

**Business Address**

**Note**: Business addresses are displayed on our licensee search.

|  |
| --- |
| Business Name |
| Street Address or P.O. Box | Business Phone Number |
| City  | State | Zip Code |
| Email Address |

**Residence Address**

|  |  |
| --- | --- |
| Street Address  | Residence Phone Number |
| City | State | Zip Code |
| Email Address |

**Designated Mailing Address**

⎕ Use Business Address
⎕ Use Residence Address

⎕ Use the designated mailing address below:

|  |
| --- |
| Street Address or P.O. Box |
| City | State | Zip Code |

**Name** (Person Completing this form): ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms with credit card payments can be emailed to insurance.pfr@maine.gov or faxed to 207-624-8599.

Checks should be made payable to Treasurer State of Maine and mailed with the form to the address below.

If you have any questions, please contact the Bureau of Insurance at (207) 624-8475

Rev 04/22

AUTHORIZATION OF CREDIT CARD PAYMENT



 **Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.**

***The mailing address listed below MUST be the billing address of the credit card account. If not, the transaction will decline.***

 **Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):**

**Purpose of Payment:**

|  |  |  |
| --- | --- | --- |
| **Name of Cardholder:**  |  | **Contact persons phone #, if questions with this form. Telephone #:** ( ) - |
| **Email Address:**  |  |  |
| **Billing Address:**  |  |  |
| **City:**  | **State:**  |  | **Zip Code:**  |

**I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my:**

[ ] **Visa** [ ] **MasterCard** [ ] **Discover** [ ]  **American Express**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expiration date**: / **in the amount of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Card number – Please print clearly)

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

 (must be signed by authorized person to validate)

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