



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BUREAU OF INSURANCE

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 \(maine.gov\)](#)

Name: _____

SSN or NPN	Maine License #
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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

Office Location: 76 Northern Avenue, Gardiner, Maine 04345
Mailing Address: 34 State House Station, Augusta, Maine 04333
www.maine.gov/pfr/insurance/home

Phone: (207) 624-8475

TTY: Please Call Maine Relay 711

Consumer Assistance: 1-800-300-5000

Fax: (207) 624-8599



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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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