



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
DISPENSING STATION APPLICATION**

<b>APPLICANT INFORMATION (please print)</b>			
NAME OF FACILITY			
PHYSICAL ADDRESS OF FACILITY			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FEDERAL I.D. NUMBER		
NAME OF OWNER OF DISPENSING STATION EQUIPMENT			
ADDRESS OF OWNER			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

**MAINE FUEL BOARD  
DISPENSING STATION LICENSE  
REQUIRED FEE: \$155.00**

LICENSE TYPE: (DIS1421)

- Propane Dispensing Station
- CNG Dispensing Station
- LNG Dispensing Station

**Office Use Only:**

1446 - \$25.00  
1421 - \$130.00

*Office Use Only:*

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_

<b>PAYMENT OPTIONS:</b>		
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:		
NAME OF CARDHOLDER (please print)		
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$_____		
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
(check here) <input type="checkbox"/> <b>I understand that fees are non-refundable</b>		
<b>SIGNATURE</b>	<b>DATE</b>	

Electrical Permit Number: \_\_\_\_\_ Electrician's Name: \_\_\_\_\_

Local     State

Electrician's License Number: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PROPANE SUPPLIER**

Type of Tanks: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Number of Tanks: _____	
Water Capacity Per Tank: _____	Tank(s) Protected: _____	
Distances From: _____ Nearest Building _____ Intake to Direct Vent Appliance _____ Flammable or Combustible Liquid Tank (s)		_____ Sources of Ignition _____ Property Line _____ Street
Is Tank: <input type="checkbox"/> Aboveground <input type="checkbox"/> Mounded <input type="checkbox"/> Underground		
Nature of Foundation:		
Are Grounds Readily Accessible to the Public? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the Valves Protected From Tampering? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual Who Will Construct:		
Name:	License #	Company

**DIRECTIONS TO DISPENSING STATION FROM AUGUSTA, MAINE**

**FOR YOUR INFORMATION**  
**This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required. Approval subject to inspection of the tanks and surrounding premises as completed. The onsite operator of the dispensing station must hold a limited operator's license issued by the board. Training must occur before dispensing station employees may fill cylinders and the training documentation must be kept on-site.**

**TANK LOCATION DIAGRAM**

**DO NOT WRITE IN THIS BLOCK**

INSPECTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED

NOT APPROVED

INSPECTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED

NOT APPROVED

INSPECTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED

NOT APPROVED

RECOMMENDATIONS: \_\_\_\_\_

# LIMITED OPERATOR APPLICATION

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
**MAINE FUEL BOARD**

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR ON AN ANNUAL BASIS.

LIMITED OPERATOR INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

**IF YOU ARE CURRENTLY LICENSED AS A PLANT OPERATOR AND/OR DELIVERY TECHNICIAN YOU DO NOT NEED TO COMPLETE THE FOLLOWING AFFIDAVIT.**  
(THIS DOES NOT INCLUDE AS A LIMITED OPERATOR OF A DISPENSING STATION)

I am currently licensed as a:     Plant Operator                       Delivery Technician

License Number:   PNT  .

**AFFIDAVIT**

I hereby certify that \_\_\_\_\_ has  
(Name of Limited Operator)  
been properly trained as the Limited Operator in accordance with 32 MRS §18142(2)(B).

Date: \_\_\_\_\_

\_\_\_\_\_ Signature of Limited Operator

\_\_\_\_\_ Facility Name Typed or Printed

Date: \_\_\_\_\_

\_\_\_\_\_ Signature of Training Representative

\_\_\_\_\_ Training Representative Name Typed or Printed

\_\_\_\_\_ Company Name of Owner of the Filling Equipment

# PROPANE DISPENSING STATION AFFIDAVIT

I hereby certify that the following list of dispensing station operators have been properly trained by using the Dispensing Station Operators Manual and have viewed the National Propane Gas Association Video entitled, "Fill It or Not." I have also verified that each dispensing station operator is at least 18 years of age.

NAME(S) OF TRAINED DISPENSING STATION OPERATOR(S):

**PLEASE TYPE OR PRINT WITH INK.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Limited Operator

\_\_\_\_\_  
Limited Operator's Name Typed or Printed

\_\_\_\_\_  
Facility Name

**TO BE POSTED AT FACILITY**

**Mailing Address:** 35 State House Station, Augusta, Maine 04333

**Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8603 Fax: (207) 624-8637 Maine Relay 711 (TTY) web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

### NOTICES

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

## **Guide for Electricians & Electrical Inspectors For Propane Dispensers**

- 1. Electrical wiring within 5' of transfer point must be Class 1/ Group D / Division 1**
- 2. Electrical wiring between 5' and 15' of transfer point must be Class 1/ Group D / Division 2**
- 3. The "Transfer Point" is anywhere the hose can reach.**
- 4. There must be a shut off at the dispenser which can be reached while transferring product at the scale.**
- 5. There must be a remote shut off at least 20' but less than 100' from the transfer point. It must be accessible and visible from the dispenser while transfer is being done.**
- 6. Electrical Permit is required to be inspected and signed off by the Electrical Inspector before we will issue a license.**