



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
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.			
SIGNATURE		DATE	

MAINE FUEL BOARD JOURNEYMAN LICENSE APPLICATION	
Required Fee: Licensing Fee (includes criminal records check fee)	Office Use Only:
JOURNEYMAN (\$121.00)	JY1421—\$100.00 2619—\$21.00
<input type="checkbox"/> 1 & 2 Oils up to 15 GPH <input type="checkbox"/> 1 & 2 Oils over 15 GPH <input type="checkbox"/> 4, 5 & 6 Oils Only <input type="checkbox"/> Solid Fuel	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____

PAYMENT OPTIONS:	
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"/> I understand that fees are non-refundable	
SIGNATURE	DATE



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

Paul R. LePage
 Governor

Anne L. Head
 Commissioner

APPLICANT'S NAME (PRINT): _____ LICENSE TYPE: _____

CRIMINAL BACKGROUND DISCLOSURE

NOTE: You may be eligible for an occupational license if you have been convicted of a crime. Failure to disclose criminal convictions is considered falsification of this application and may be considered a separate basis for denial of this application.

1. Have you ever been convicted by any court of any crime? (Circle one) NO YES

If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment(s).

Answer "yes" to Question #1 if any of the following is true. This list is not intended to include all violations or all criminal convictions.

- ✓ I have criminal conviction(s) that date back many years
- ✓ I have previously disclosed criminal convictions on other license applications and the information is on file
- ✓ I have an operating under the influence or felony driving conviction(s)
- ✓ I have a misdemeanor conviction(s)
- ✓ I have a felony conviction(s)
- ✓ I have a conviction(s) for violating conditions of release from incarceration
- ✓ I have drug related conviction(s)

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (Circle one) NO YES

If yes, enclose a detailed explanation and copies of all documents.

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

Your application will not be accepted unless you answer questions #1 and #2 and submit this document with the rest of your application for license.

(August 2017)



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8603

FAX: (207)624-8636

MAINE RELAY 711 (TTY)
 OFFICES LOCATED AT: 76 NORTHERN AVENUE,
 GARDINER, MAINE

AFFIDAVIT FOR JOURNEYMAN LICENSE

If you have successfully completed an accredited heating course consisting of 320 hours of study at one of the following schools, you do not need to complete the affidavit portion of the application. Please check appropriate box.

- Northern Maine Community College
 Washington County Community College

- Southern Maine Community College

AFFIDAVIT

THIS SECTION TO BE COMPLETED BY THE SUPERVISING MASTER TO VERIFY APPRENTICE HOURS

THE MASTER IS RESPONSIBLE FOR NOTIFYING THE MAINE FUEL BOARD WHEN THE APPRENTICE IS NO LONGER UNDER HIS SUPERVISION OR RESPONSIBILITY. FAILURE TO NOTIFY THE BOARD CONSTITUTES A VIOLATION OF BOARD RULE.			
Name of Supervising Master:		License Number:	
Company Mailing Address of Supervising Master:			
City:	State:	Zip Code:	
Company Telephone Number:		Company Fax Number:	
hereby certifies that _____ has been under my supervision as a <div style="text-align: center;">(name of apprentice)</div>			
Licensed apprentice technician from _____ to _____ <div style="text-align: center;">Month Day Year Month Day Year</div>			
Signature of Supervising Master:		Date:	

COMPLETE THIS SECTION JOURNEYMAN CERTIFICATE OF SUPERVISION TO BE COMPLETED BY SUPERVISING MASTER

THE MASTER IS RESPONSIBLE FOR NOTIFYING THE MAINE FUEL BOARD WHEN THE JOURNEYMAN IS NO LONGER UNDER HIS SUPERVISION OR RESPONSIBILITY. FAILURE TO NOTIFY THE BOARD CONSTITUTES A VIOLATION OF BOARD RULE.			
Name of Supervising Master:		License Number:	
License Authority (i.e., 1 & 2 Oil up to 15 GPH):			
Company Mailing Address of Supervising Master:			
City:	State:	Zip Code:	
Company Telephone Number:		Company Fax Number:	
THE MASTER, BY HIS SIGNATURE, AFFIRMS RESPONSIBILITY OF THE JOURNEYMAN'S WORK ETHICS AND WORKMANSHIP.			
Signature of Supervising Master:		Date:	

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8636 Maine Relay 711 (TTY) web: 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. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

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

Before you seal the envelope, did you:

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