

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.			
SIGNATURE		DATE	

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