



**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	
<b>CRIMINAL BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. <b>Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. <b>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b> <b>NO</b> <b>YES</b>			
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.			
<b>SIGNATURE</b>		<b>DATE</b>	

## MAINE FUEL BOARD

### PROPANE AND NATURAL GAS TECHNICIAN

### FOR PERSONS COMPLETING & PASSING CETP

Required Fee: \$146.00 (includes criminal records check fee)

LICENSE TYPE:

- Appliance Connection & Service (Copy of Transcript required as well as the Wall Certificates)
- Tank Setter & Outside Piping
- Delivery Technician
- Plant Operator
- Large Equipment Connection & Service

PLEASE INCLUDE COPIES OF WALL CERTIFICATES

Office Use Only:

1421 - \$100.00

1446 - \$25.00

2619 - \$21.00

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>



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

## 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

**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 MRSA §191.

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

- Complete every item on the application (incomplete applications may be returned)
- Proof of successful completion of CETP. **You are required to file a copy of your wall certificate(s) that you have successfully completed and passed CETP including a certificate that you have successfully completed and passed the Basic CETP training program**
- 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.