



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
LICENSE VERIFICATION REQUEST**

REQUESTOR'S INFORMATION (please print)

FULL LEGAL NAME      *FIRST*                      *MIDDLE INITIAL*                      *LAST*

MAILING ADDRESS (Street/P.O. Box)

CITY                                      STATE                                      ZIP                                      COUNTY

PHONE # (    )                                      FAX # (    )

EMAIL

**SIGNATURE**

**DATE**

**Radiologic Technology Board of Examiners  
License Verification Request  
Required Fees: \$25.00 (Non-Refundable)**

**Office Use Only:**

Check # \_\_\_\_\_

Amount: \_\_\_\_\_

Cash # \_\_\_\_\_

2685 - \$25.00

Rev: 11/2016

LICENSEE INFORMATION

NAME:      *FIRST*                                      *MIDDLE INITIAL*                                      *LAST*                                      LICENSE # :

**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)      *FIRST*                                      *MIDDLE INITIAL*                                      *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my       VISA                       MASTERCARD                      the following amount: \$ \_\_\_\_\_

**I understand that fees are non-refundable**

Card number:      *XXXX-XXXX-XXXX-XXXX*

Expiration Date      *mm / yyyy*

**SIGNATURE**

**DATE**

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

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue,  
Gardiner, Maine 04345

**ADDRESS TO SEND LICENSE VERIFICATION FOR**

*LICENSEE NAME*

STATE BOARD		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ( )	FAX ( )	EMAIL

**ADDRESS TO SEND LICENSE VERIFICATION FOR**

*LICENSEE NAME*

STATE BOARD		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ( )	FAX ( )	EMAIL

**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
- **How long does it take to process an application?** License Verifications are processed within two to three weeks of being received.

**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.

**Revised 11/2016**