APPLICATION FOR STATE OF MAINE
HOME INSTALLATION WARRANTY SEALS

1. Name of Installer ____________________________________________________________
   License # ___________________________________________________________________
   Mailing Address _____________________________________________________________

2. Number of Home Installation Warranty SealsRequested
   ________________ Seals x $110 per seal  $______________ Total Amount Due
   Check or Money Order made Payable to: MAINE STATE TREASURER

This form may be reproduced as needed.

FOR OFFICE USE ONLY

Amount Received: ________________  Check Number: ________________
Cash Number: ________________  Deposit Code: 43602632
Number of Seals Issued: ________________  Date of Issuance: ________________
Seal Numbers Issued: ________________ through ________________

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Professional and Occupational
Regulation
To charge my □ Visa □ MasterCard __________ - __________ - __________ - __________
Name of Cardholder _____________________________________________________________
Mailing Address __________________________________________ City __________ State _______
Zip Code __________ County __________ Telephone ______________________________
Expiration date: ______/_____/______ in the amount of $__________________________
□ I understand that fees are non-refundable
Signature: ___________________________________  Date: _________/_______/_______