

State of Maine Department of Professional & Financial Regulation Office of Professional & Occupational Regulation

INDIVIDUAL EXAMINATION APPLICATION

APPLICANT INFORMATION (please print)						
FULL LEGAL NAME	FIRST	MIDDLE INITIA	_	LAST		
ANY OTHER NAMES	EVER USED:					
DATE OF BIRTH	mm1 dd1 yyyy	SOC	IAL SECURITY NU	MBER	_	
MAILING ADDRESS						
CITY		STATE		ZIP		
PHONE # ()		E-MAIL				
		ALL EXA	MINATION APP	PROVALS ARE EMAILED		
By submitting this applica my license and that this i	ition, I affirm that the Offic information is truthful and f	e of Professional & Occupa	tional Regulation will	e to the best of my knowledge and belief. rely upon this information for issuance of imposed including denial, fines,		
SIGNATURE		DATE				
BOII	LER & PRES	SURE VESSE	L SAFETY	PROGRAM		
	EXAN	MINATION AP	PLICATION	N		
	EXAMI	NATION TYPE:				
	2nd Class Station 3rd Class Station	ary Steam Engineer ary Steam Engineer ary Steam Engineer ary Steam Engineer BOH)	(SSE) (SSE) (SSE) (SSE)			

Office Use Only:

Lic. #

Boiler Operator Training Permit Held: □Yes □No Expiration Date:	
De veu gurrently held a Maine Beiler Operator er Stationery Steem Engineer Licen	22
Do you currently hold a Maine Boiler Operator or Stationary Steam Engineer Licens	se! Lites Lino
If yes, Grade License # Expiration Date:	
Have you successfully completed a Maine Board approved High-Pressure Boiler O	perator course?
□Yes □No If yes, please enclose a copy of your certificate.	poration 000.000 i
Have you graduated from Maine Maritime Academy?	
□Yes □No If yes, please enclose an official copy of your transcript.	
Do you require a Stationary Steam Engineer examination from the Maine Board of graduate from Maine Maritime Academy? (Graduate PEO)	Boilers & Pressure Vessels in order to
□Yes □No If yes, please enclose an official letter from Maine Maritime Acad	lemy as proof of status.
Boiler Work History	
Present or Last Employer:	From// To/
	Month/day/year Month/day/year
Complete Address:	Name of Engineer in Charge:
Your Title:	Hours per Week:
	Total Hours:
List all daily tasks you perform on boilers:	
List all daily tasks you perform on bollers.	Plant Capacity:
	тап Сараску.
	Boiler Steam Pressure:
	20.00.000
Previous Employer :	From/_ / To//
	Month/day/year Month/day/year
Complete Address:	Name of Engineer in Charge:
	Traine or <u>Engineer in Charge</u> .
Your Title:	Hr. per Week:
Detail Work Performed with Boilers:	Total Hrs.:
Betail Work Ferformed with Bollets.	Plant Capacity:
	Boiler Steam Pressure:

Previous Employer :	From/_/_ To/_/ Month/day/year Month/day/year
Complete Address:	Name of Engineer in Charge:
Your Title:	Hrs. per Week:
	Total Hrs.:
Detail Work Performed: with Boilers:	
	Plant Capacity:
	Boiler Steam Pressure:
Previous Employer :	From/_/ _ To/_/ _ Month/day/year
Complete Address:	Name of Engineer in Charge:
Your Title:	Hrs. per Week:
	Total Hrs.:
Detail Work Performed with Boilers:	Plant Capacity:
	Boiler Steam Pressure:
Complete Address: Your Title:	Name of Engineer in Charge: Hrs. per Week: Total Hrs.: Plant Capacity:

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

BOILER AND PRESSURE VESSEL SAFETY PROGRAM

35 STATE HOUSE STATION AUGUSTA, ME 04333

TEL: (207)624-8606 EMAIL: boilers.board@maine.gov Maine Relay 711 (tty)

AFFIDAVIT

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:
	ENGINEER-IN-CHARGE COMPLETI	
	<u>TYPE OF EXAM</u> (Check The Type of Examination T	
•	REQUISITE OPERATING EXPERIEN ermit under the supervision of an engin	CE : Six (6) months operating experience under a eer-in-charge.
supervising experience a	s a licensed Boiler Operator as an: (1) ot more than 20,000 #/HR; or (2) a stat	ERATING EXPERIENCE: One (1) year operating or Engineer in charge of a high pressure heating ionary engineer in a plant under the direction
supervising experience a	as a licensed 4 th Class Engineer as an:	RATING EXPERIENCE: One (1) year operating or (1) Engineer in charge of a plant with a capacity plant under the direction of a duly licensed
or supervising experience	e as a licensed 3 rd Class as an: (1) En	ERATING EXPERIENCE: Two (2) years operating gineer in charge of a plant with a capacity of not under the direction of a duly licensed engineer in
supervising experience a	as a licensed 2 nd Class Engineer as an:	RATING EXPERIENCE: Two (2) years operating or (1) Engineer in charge of a plant with a capacity plant under the direction of a duly licensed
OPERATING EXPERIENCE		RVISION AND HAS MET THE PREREQUISITE INFORMATION GIVEN BY ME IN THIS AFFIDAVIT DIBELIEF.
Signature of Engineer-in-Ch	Date	·
		se #:
Are you the engineer in char	rge of the applicant? □Yes □No	
Name of facility that you are	the engineer in charge of?	

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 Email: boilers.board@maine.gov 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.
- Can I come to Gardiner to pick up my license? No. Your license will be emailed to you.
- How long does it take to process an application? You can check our website: <u>www.maine.gov/professionallicensing</u>. Your license application will show up as PENDING at first.
 The status will change to ACTIVE once a license has been issued.

NOTICES

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 will be returned)
- Sign and date your application
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records