

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION **Office of Professional and Occupational Regulation** 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

Janet T. Mills GOVERNOR





Anne L. Head

Commissioner

AUTHORIZATION OF CREDIT CARD PAYMENT

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Mailing Address: (if other than applicant)					
City:	City: State:		Zip Code:		
authorize the State of Ma Professional and Occupat	ional Regulation		-	Office of	
	// in the amount of: \$		Card number		
I understand that fees	are non-refundat	ble			
Signature:			Date:/	/	
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