

STATE OF MAINE
OFFICE OF PROFESSIONAL AND OCCUPATIONAL
REGULATION

APPLICATION AND AFFIDAVIT FOR A TEMPORARY
LICENSE
FOR
ACTIVE DUTY SERVICE MEMBERS,
VETERANS RECENTLY SEPARATED FROM SERVICE
AND THEIR SPOUSES/DOMESTIC PARTNERS



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8603
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine 04345



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

Janet T. Mills
Governor

Anne L. Head
Commissioner

The State of Maine welcomes active duty service members, and their spouses/domestic partners, and recent veterans, and their spouses/domestic partners, to apply for a Maine professional or occupational license. We thank you and your families for your service to our country.

Pursuant to [Public Law 2021, ch. 106](#) (“PL2021, c.106”) the Maine Office of Professional and Occupational Regulation (“OPOR”) will issue a temporary Maine license to active duty service members, recently separated military, and their spouses/domestic partners, if that person has a comparable and unrestricted license in another jurisdiction and completes the required application and affidavit. Once the completed application and notarized affidavit is mailed to the address below, and staff determines that the applicant meets the requirements of [PL2021, c.106](#) for a license issued by OPOR¹, the applicant will be issued a temporary license effective immediately². The temporary license is effective for 180 days, during which time the temporary license holder must apply for full licensure. OPOR staff will also send you information about how to apply for full license application when they issue the temporary license.

If you can affirm the two statements below, you may apply for a temporary license by completing both the Application and Affidavit.

I affirm I am:

- An active duty service member, or a spouse or domestic partner of an active duty service member.

OR

- A recently separated veteran, or a spouse or domestic partner of a recently separated veteran. A “recently separated veteran” means a veteran of the Armed Forces of the United States during the 3-year period beginning on the date of the veteran’s honorable discharge or release from active duty.

AND

- I have a comparable and unrestricted license in another state or territory of the United States. This license must be in good standing and may not be temporary, conditional, probationary, or otherwise restricted. In addition, all other comparable licenses that I held or formerly held in any other jurisdiction are, or have been, in good standing, not restricted and not the subject of any outstanding complaint or open investigation.

If you affirmed both statements, please complete and mail the following Application, Affidavit, and photocopy of your current comparable license to:

***Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333***

If you have questions, please contact Shawn.C.Brooks@maine.gov or 207-624-8511.

¹ A list of occupations and professions regulated by OPOR is available at [10 M.R.S. § 8001 \(38\)](#).

² Certain license types have requirements for active practice such as, for example, employment, bonding, or supervision. You will be contacted prior to the issuance of the temporary license if there are additional requirements.

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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.

DISCLOSURES

PUBLIC RECORD: This application and any supporting documentation are public records pursuant to the Maine Freedom of Access Act (“FOAA”), 1 M.R.S. § 402(3), and, with the exception of portions identified as confidential by statute (e.g., social security numbers, credit card information), must be made available to any person upon request. 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 36 M.R.S. § 175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. § 405(c) (2)(C)(i)) and for child support enforcement purposes pursuant to 42 U.S.C. § 666(a)(13)(A) and 19-A M.R.S. §§ 2104, 2201. 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 and/or to the Department of Health and Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures.

For health care practitioners, health care entities, or health care suppliers only: Disclosure of your social security number will occur in accordance with National Practitioner Data Bank reporting requirements pursuant to 45 C.F.R. §§ 60.3, 60.9.

No further use will be made of your social security number without your consent. It will be treated as confidential tax information pursuant to 36 M.R.S. § 191 and confidential support enforcement information pursuant to 19-A M.R.S. § 2152.

Before you seal the envelope, did you:

- Complete every item on the application
- Sign and date your application
- Make a copy of your application to keep for your records



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

**APPLICATION AND AFFIDAVIT FOR TEMPORARY
LICENSE FOR VETERANS, ACTIVE DUTY SERVICE MEMBERS AND
THEIR SPOUSES/DOMESTIC PARTNERS PURSUANT TO
PUBLIC LAW 2021, CH. 106**

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		SOCIAL SECURITY NUMBER	
<i>mm / dd / yyyy</i>		- -	
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE #	FAX #	E-MAIL	
()		()	
LICENSE TYPE:		Office Use Only:	
TEMPORARY LICENSE (MILITARY)		2619 - \$21.00	
Required fees: \$21.00 criminal history records check fee		<i>Office Use Only:</i>	
		Check # _____	
		Amount: _____	
		Cash # _____	
		Lic. # _____	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:			
NAME OF CARDHOLDER (please print)			
<i>FIRST</i>		<i>MIDDLE INITIAL</i>	
<i>LAST</i>			
MAILING ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS The following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:		Expiration Date <i>mm / yyyy</i>	
SIGNATURE		DATE	

Branch of service of active duty service member or recently separated veteran

Army Navy Air Force Coast Guard Marines National Guard Space Force

Please check the boxes below that apply to you:

I am active military

I am recently separated from military service. Date of separation *mm / dd / yy*

My spouse/domestic partner is:

Active military

Recently separated from military service. Date of separation *mm / dd / yy*

For which Maine license are you applying ? You must have a comparable license from another U.S. state or territory. Your current license may not be temporary, conditional, probationary, or otherwise restricted and must be reasonably equivalent to the license sought. *You must include a photocopy of your current license.*

- | | |
|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Hearing Aid Dealer & Fitter |
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Interior Designer |
| <input type="checkbox"/> Aesthetician/Barber Stylist/Cosmetologist/Hair Designer/Nail Technician | <input type="checkbox"/> Land Surveyor |
| <input type="checkbox"/> Instructor of Aesthetician/Barber Stylist/Cosmetologist/Hair Designer/Nail Technician | <input type="checkbox"/> Landscape Architect |
| <input type="checkbox"/> Alcohol & Drug Counselor | <input type="checkbox"/> Manufactured Housing Professional |
| <input type="checkbox"/> American Sign Language Interpreter/American Sign Language Deaf Interpreter | <input type="checkbox"/> Massage Therapist |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Naturopathic Acupuncturist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Naturopathic Doctor |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Occupational Therapist/Occupational Therapy Asst. |
| <input type="checkbox"/> Boiler Inspector/Operator | <input type="checkbox"/> Oil & Solid Fuel Technician |
| <input type="checkbox"/> Certified Professional Midwife/Professional Midwife | <input type="checkbox"/> Pharmacist/Pharmacy Intern/Pharmacy Tech |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Physical Therapist/Physical Therapy Asst |
| <input type="checkbox"/> Counselor(Clinical/Marriage & Family Therapist/Pastoral) | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Dietitian/Dietetic Technician | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Propane & Natural Gas Tech |
| <input type="checkbox"/> Elevator Inspector/Mechanic | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Forester | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Funeral Practitioner | <input type="checkbox"/> Real Estate Appraiser/Broker |
| <input type="checkbox"/> Geologist | <input type="checkbox"/> Respiratory Care Therapist/Respiratory Care Tech |
| | <input type="checkbox"/> Social Worker |
| | <input type="checkbox"/> Soil Scientist |
| | <input type="checkbox"/> Speech-Language Pathologist |
| | <input type="checkbox"/> Tramway Inspector |

Credentialing History

List all active & formerly held professional/occupational licenses

Profession	License #	State/ Country	Date Issued	Expiration Date	Has this license been the subject of discipline or been denied? Yes or No (If yes, please explain and attach copies of disciplinary documents)

Pursuant to 5 MRS §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

Affidavit

By my signature, I hereby attest that I am the person described and identified in this application, that all statements made on the application are true and correct and complete, that I have read and understand the requirements for licensure, that I meet those requirements, and that I am in good standing in all jurisdictions in which I hold or have held a professional or occupational license.

By submitting this application and affidavit, I understand that the Office of Professional and Occupational Regulation will rely upon this information for issuance of a Temporary License. I also understand that this Temporary License will only remain valid for 180 days, during which time I must apply for full licensure. I further understand that, at least 15 days prior to my temporary license expiration date, I may request a one-time 180-day extension, if necessary, to complete the licensing requirements for a full license.

Signature (must be signed in front of a Notary Public)

Printed Name

To be completed by a Notary Public

STATE OF _____

_____, ss.

(County)

Personally appeared before me the above-named _____ and sworn to the truth of the foregoing based upon their own personal knowledge, or upon information and belief, and so far as upon information and belief, they believe it to be true.

Dated: _____

Notary Public

VERIFICATION OF LICENSURE

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

Name of State providing the License Verification

Your name

License number and expiration date

Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked

Type of license issued to you

Date your license was issued

Disciplinary action(s) against your license, if any

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web -address, date the License Verification was printed, and any indication of disciplinary history, e.g. no discipline or discipline. If discipline is indicated, please submit a copy of the discipline imposed such as the Board Order or Agreement.

A copy of your license is not acceptable as a license verification.