



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAINE FUEL BOARD
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

NOTIFICATION OF MASTER SUPERVISION / NON-SUPERVISION

| | |
|------------------------------|--|
| Name of Master: | |
| License #: _____ | Home Telephone: (____)____-____ Work Telephone: (____)____-____ |
| Name and Address of Company: | |

| |
|--|
| Name and Address of Apprentice/Journeyman: |
| License #: |

I hereby certify that as of (date) _____, I am am not providing supervision to the above named individual.

(Master signature)

(Date)