

LIMITED OPERATOR APPLICATION

FOR DISPENSING STATION LICENSE RENEWAL

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

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR PRIOR TO EVERY RENEWAL.

LIMITED OPERATOR INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
DATE OF BIRTH	<i>mm / dd / yyyy</i>	DISPENSING STATION LICENSE # DIS:	
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE # ()	E-MAIL		
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

IF YOU ARE CURRENTLY A MAINE LICENSED PROPANE AND NATURAL GAS TECHNICIAN WITH EITHER THE PLANT OPERATOR OR DELIVERY TECHNICIAN AUTHORITY AND WILL BE THE LIMITED OPERATOR OF THE DISPENSING STATION - COMPLETE THIS SECTION
*(this does **not** include individuals registered as a Limited Operator of a Dispensing Station)*

I am currently licensed as a: Plant Operator Delivery Technician

License Number: PNT-

AFFIDAVIT

I hereby certify that _____ has
 (Name of Limited Operator)
 been properly trained as the Limited Operator in accordance with 32 MRS §18142(2)(B).

Date: _____

 Signature of Limited Operator

 Facility Name Typed or Printed

Date: _____

 Signature & License # of Training Representative

 Training Representative Name Typed or Printed

 Company Name of Owner of the Filling Equipment