



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL  
 REGULATION  
**MANUFACTURED HOUSING BOARD**

35 STATE HOUSE STATION

AUGUSTA, MAINE

04333-0035

Office Phone (207) 624-8612

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Janet T. Mills

GOVERNOR

Anne L. Head

DIRECTOR

TTY USERS CALL MAINE RELAY 711

**APPLICATION FOR STATE OF MAINE WARRANTY SEALS**

**Note: Only one plant per application.**

Name of Manufacturer \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Plant Name & \_\_\_\_\_  
 Plant Address \_\_\_\_\_

2. Number of Warranty Seals Requested

\_\_\_\_\_ Seals x \$110 per seal \$ \_\_\_\_\_ Total Amount Due

Check or Money Order made Payable to: **MAINE STATE TREASURER**

This form may be reproduced as needed.

**FOR OFFICE USE ONLY**

Amount Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

Cash Number: \_\_\_\_\_ Deposit Code: **43602632**

Number of Seals Issued: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Seal Numbers Issued: \_\_\_\_\_ through \_\_\_\_\_

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation

To charge my  Visa  MasterCard \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Telephone \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of \$ \_\_\_\_\_

**I understand that fees are non-refundable**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_