

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

**NOTIFICATION OF MASTER SUPERVISION / NON-SUPERVISION OF A
LICENSED TRAINEE**

Name of Master:
Master Plumber's License Number:
Master Plumber's Daytime Telephone:
Master Plumber's Email Address:
Name and Address of Employing Company:
Name of Licensed Trainee:
Trainee License Number:
Trainee Daytime Telephone:
Trainee Email Address:
Address of Trainee:

I hereby certify that as of (date) _____, **I am** or **I am not** providing supervision and responsible for the work ethics, performance and training of the above-named trainee plumber.

(Master signature)

(Date)

** Only trainee plumbers are required to have a supervising master plumber on file with the Plumbers' Examining Board.*

PHONE: (207)624-8627

MAINE RELAY 711 (TTY)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

EMAIL:
plumbers.board@maine.gov