

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 OF TRAINEE APPLICANT**

*To be Completed by a Maine Licensed Master Plumber*

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

I hereby acknowledge supervisory responsibility for the work ethics, performance and training of the above-name applicant for trainee plumber.

\_\_\_\_\_  
(Master signature)

\_\_\_\_\_  
(Date)