## STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

## MAINE FUEL BOARD

35 STATE HOUSE STATION AUGUSTA, ME 04333

TEL: (207)624-8627 EMAIL: fuel.board@maine.gov Maine Relay 711 (TTY)

## **CERTIFICATE OF SUPERVISION**

## TO BE COMPLETED BY SUPERVISING PROPANE AND NATURAL GAS TECHNICIAN

Helper Information (please print)			
Name:			
Mailing Address:			
City:	State:		Zip Code:
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Supervising Propane and Natural Gas Technician Information (please print)			
Name of Supervising Propane and	d Natural Gas Tec	hnician:	
License Number:		License Authority (i.e., Appliance Service & Connection):	
Company Mailing Address of Sup	ervising Propane	 and Natural Gas T	echnician:
City:	State:		Zip Code:
Company Telephone Number:		Company Fax Number:	
The Propane and Natural Gas Tecethics and workmanship.	chnician, by his si	gnature, affirms re	esponsibility of the helper's work
Date:			
Signature of Supervising Propane	and Natural Gas		

Technician