

SIGNATURE

State of Maine Department of Professional & Financial Regulation Office of Professional & Occupational Regulation

INDIVIDUAL LICENSE APPLICATION

	APPLICAN	T INFORMATION	(please print)	
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAS	ST .
ANY OTHER NAMES	EVER USED:			
DATE OF BIRTH	mm1 dd1yyyy	SOCIAL	SECURITY NUMBER	
MAILING ADDRESS	07475	710	OOLINITY/	
CITY PHONE # ()	STATE	ZIP	COUNTY E-MAIL	
LICENSE #:	FAX # (EXPIRATION		
 Since your last ren If yes, enclose a de 	o disclose criminal conviction newal, have you been conv etailed description of what ha	icted of any crime? (o	fines, suspension and sircle one) NO s) and a copy of the c	YES court judgment.
or denied your app	on taken disciplinary action blication for licensure? (ci	rcle one)	.	d or have held, YES
By my signature, I hereby By submitting this applica my license and that this in		rided on this application is rofessional & Occupational . I also understand that s	al Regulation will rely up	e best of my knowledge and belief. on this information for issuance of ed including denial, fines,
SIGNATURE	,	DATE		
BOIL	ER & PRESSU	RE VESSEL	SAFETY PR	ROGRAM
	REINSTATEM	ENT APPLIC	ATION	Office Use Only:
Required Fee	: Licensing Fee	(Plus Late fee	if Applicable	e) 1427 - \$150.00/\$50.00 2090 - \$50.00/\$100.00
	LICENSE	TYPF:		
	ry Steam Engineer essure Boiler Operator	License Fee \$150 License Fee \$150 License Fee \$50).00 (BOH1427)	Office Use Only: Check # Amount: Cash # Lic. #
	e: 1 to 90 days from expe: 91 days to 2 years \$10		(2090)	
Make checks ¡	payable to " Maine State Trea	surer" - If you wish to p	ay by Mastercard or V	isa, fill out the following:
NAME OF CARDHOLI	DER (please print)	ST MIDDLE INITIA	L LAST	
ADDRESS OF CARDI	HOLDER (please print)			
	nent of Professional and Fina	<u>-</u>	e of Professional & Oc	ccupational Regulation to
Card number:	XXXX-XXXX-XXX	(-XXXX	Expira	tion Date mm / yyyy
	(check here) 🗆 🛘	understand that fe	es are non-refun	dable

DATE

BOILER INSPECTORS ONLY:				
Do you hold a current National board Commission?	□Yes	□No		
Please enter your National Board Commission Number.				
Please enter the expiration date of your National Boar	d Commi	ission.		

State of Maine, Department of Professional & Financial Regulation, Office of Professional & Occupational Regulation

Mailing Address: 35 State House Station, Augusta, Maine 04333 Courier/Delivery address: 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8603 Fax: (207) 624-8636 Maine Relay 711 (tty) web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- Where do I send my application? Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- Where are you located? 76 Northern Avenue, Gardiner, Maine.
- What hours are you open? 8:00 AM to 5:00 PM weekdays
- Can I come to Gardiner to drop off my application? Yes. You will not leave with a license, though.
- Can I come to Gardiner to pick up my license? No. Your license will be mailed to you.
- How long does it take to process an application? You can check our website: <u>www.maine.gov/professionallicensing</u>. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- How far back do I go answering the criminal question? Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.