

State of Maine PLUMBERS' EXAMINING BOARD

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

EDUCATIONAL TRAINEE PLUMBER

LICENSE APPLICATION INSTRUCTIONS

Do not return the informational pages with your application; they are for your information only. Return the application and documents listed on the checklist only.

Department of Professional and Financial Regulation Office of Professional and Occupational Regulation (*Mailing address*) 35 State House Station, Augusta, ME 04333 (Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345 Office Direct Line (207) 624-8627 TTY users call Maine relay 711

Web address: https://www.maine.gov/pfr/professionallicensing/professions/ plumbers/index.html Email: plumbers.board@maine.gov Revised 02/2020

GENERAL INSTRUCTIONS AND INFORMATION

10 DAY NOTIFICATION REQUIREMENTS:

Pursuant to 10 M.R.S §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to The Plumbers' Examining Board within 10 days.

IMPORTANT INFORMATION REGARDING LICENSE DELIVERY:

The Plumbers' Examining Board does not print licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive from email sender address: noreply@maine.gov. The attachment with this email is your license where you may open it and print your license. If you do not locate your license in your inbox, please check your junk/spam folders for this email. Please either save our email address (noreply@maine.gov) in your contacts or as a safe sender to prevent your license from being directed to your junk/spam folders.

LICENSE RENEWAL INFORMATION:

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty days prior to the license expiring and you may renew online. Failure to receive a courtesy renewal reminder notice does not impact your responsibility to renew your license in a timely manner.

MAINE PLUMBERS' EXAMINING BOARD LAWS AND RULES:

The Plumbers' Examining Board cannot provide you with a hard copy of laws and rules. However, all applicable laws and rules are available online, and may be accessed via the websites listed below. You are responsible for knowing and complying with all board laws and rules throughout your licensure. Please note, all laws and rules may be subject to change without notice and it is strongly advised to periodically check for updates.

Plumbers' Examining Board Laws:

http://www.mainelegislature.org/legis/statutes/32/title32ch49sec0.html

Plumbers' Examining Board Rules:

https://www.maine.gov/sos/cec/rules/02/chaps02.htm#395

Title 5, Chapter 375: Maine Administrative Procedure Act:

https://legislature.maine.gov/legis/statutes/5/title5ch375sec0.html

Title 10, Chapter 901: Department of Professional and Financial Regulation:

http://legislature.maine.gov/statutes/10/title10ch901sec0.html

APPLICATION PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are included. To ensure that The Plumbers' Examining Board received your application please visit our website at

https://www.pfr.maine.gov/almsonline/almsquery/welcome.aspx?board=4460. After your application has been received your name will appear when you complete a "licensee search" on your name as you entered it on your application. The status will appear as "Pending." This is not an actual license approval at this point; it is simply a verification that an application has been received and is in the queue for review. When a license is issued the status will change from pending to active.

Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.

LICENSE APPLICATION INSTRUCTIONS AND CHECKLIST

<u>IMPORTANT NOTICE</u>: Incomplete applications will not be considered. Pursuant to Maine Plumbers' Examining Board Rules Chapter 3 § 6(B) – Incomplete or Illegible Applications "Incomplete or illegible applications will be returned to the applicant together with any attachments received."

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE PLUMBERS' EXAMINING BOARD FOR LICENSURE CONSIDERATION:

License application - completed, signed and dated; and

Disciplinary action documents – if you answered "yes" to the disciplinary action question, be sure to include copies of disciplinary documents and a detailed explanation; and

School Enrollment Information - completed by your school Instructor, with the school
name, school address, instructor's name, your enrollment date, your instructor's
signature and their license number.

<u>**Master Supervision Form</u></u> - completed by your supervising Master plumber, with their name, license number, mailing address, signature and date.</u>**

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 Email: plumbers.board@maine.gov 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.
- Can I come to Gardiner to pick up my license? No. Your license will be emailed 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.

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

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the background disclosure question
- Sign and date your application
- Make a copy of your application to keep for your records



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

INDIVIDUAL LICENSE APPLICATION

Date Received

APPLICANT INFORMATION (please print)							
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST				
ANY OTHER NAMES EVER	R USED:						
DATE OF BIRTH mm	1 dd I yyyy	SOCIAL	SECURITY NUMBER				
CITY	STA	ATE	ZIP				
PHONE # ()		-MAIL (licenses are emailed					
······································		BACKGROUND DISCLOS					
Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.							
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.							
SIGNATURE		DATE					
	PLUMB	ERS' EXAMININ	NG BOARD				
	TR	AINEE APPLIC	ATION				
		UDENTS ENRO					
TEOLINIIOAL			-				
TECHNICAL COLLEGE OR COMMUNITY COLLEGE OR IN A							
CAREE	R AND IE	CHNICAL EDU	CATION PROGRAM				
FEE: \$0							
IMPORTANT: THERE IS NO FEE FOR THIS TWO YEAR LICENSE. THIS LICENSE IS VALID WHILE CONDUCTING PLUMBING INSTALLATIONS THAT ARE A PART OF AN ACADEMIC PROGRAM . THE TRAINEE LICENSEE MUST BE UNDER THE DIRECT SUPERVISION OF A MASTER PLUMBER AT ALL TIMES.							

TO BE COMPLETED BY SUPERVISING MASTER PLUMBER

Name of Supervising Master:	License Number:				
Mailing Address of Supervising Master:					
City:	State:	Zip Code			
Signature of Supervising Master:		Date:			

APPLICANT'S NAME:_____

SCHOOL ENROLLMENT INFORMATION To be Completed by Instructor

Name of School:					
Mailing Address:					
City:	State:		Zip:		
Name of Instructor (printed or typed):		Enrollment Date:			
Signature of Instructor:		License Number:			

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