



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

**INDIVIDUAL LICENSE APPLICATION**

<b>APPLICANT INFORMATION</b> (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE # ( )	E-MAIL ( <i>Licenses are emailed</i> ):		
<b>BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose discipline may result in denial, fines, suspension and/or revocation of a license.</i>			
<b>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>			
		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.			
<b>SIGNATURE</b>	<b>DATE</b>		

<p><b>ELECTRICIANS EXAMINING BOARD</b>  <b>LIMITED CRANE TECHNICIAN LICENSE APPLICATION</b>  <b>GRANDFATHERED</b>          (Work experience prior to September 18, 1999)  <b>Required Fee: \$171.00</b>  <b>(includes criminal records check fee)</b></p>		<p><b>Office Use Only:</b>          1421 - \$150.00          2619 - \$21.00</p>
<p>LICENSE TYPE:  <input type="checkbox"/> Limited Crane Technician (LM)</p>		<p><i>Office Use Only:</i>          Check # _____          Amount: _____          Cash # _____          Lic. # _____</p>

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD ( ) AMERICAN EXPRESS ( ) DISCOVER <b>the following amount: \$</b> _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
(check here) <input type="checkbox"/> <b>I understand that fees are non-refundable</b>			
<b>SIGNATURE</b>	<b>DATE</b>		

**EMPLOYMENT RECORD:** In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Any person having work experience in the installation of cranes and hoists, as defined by the National Electrical Code, prior to 9/18/99, qualifies to be licensed as a crane technician. This covers the installation of electric equipment and wiring used in connection with cranes, monorail hoists, hoists, and all runways. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

**PRESENT OR LAST EMPLOYER:**

PRESENT OR LAST EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

**2. EMPLOYER:**

PREVIOUS EMPLOYER \_\_\_\_\_ YOUR TITLE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  Yes  No

**3. EMPLOYER:**

PREVIOUS EMPLOYER \_\_\_\_\_

YOUR TITLE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_

TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_

TOTAL HOURS PER YEAR: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:

Yes  No

**4. EMPLOYER:**

PREVIOUS EMPLOYER \_\_\_\_\_

YOUR TITLE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_

TO: MO/YR \_\_\_\_\_

TOTAL HOURS PER WEEK: \_\_\_\_\_

TOTAL HOURS PER YEAR: \_\_\_\_\_

DETAIL OF WORK PERFORMED: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:

Yes  No

Empty rectangular box for additional information or signature.

## 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 emailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). 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 MRSA §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Proof of documentation of work experience in installation of cranes and hoists prior to September 18, 1999.
- 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