

SIGNATURE

STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION INDIVIDUAL LICENSE APPLICATION

	Α	PPLICANT INF	ORMATION	(please print)		
FULL LEGAL NAME	FIRST	MIDD	LE INITIAL	LA	4 <i>ST</i>	
ANY OTHER NAMES EV	ER USED:					
DATE OF BIRTH	nm / dd / yyy	/	SOCIAL	SECURITY NUMBE	ER .	
MAILING ADDRESS						
CITY		STATE	ZIP	COUNT	Υ	
PHONE # ()		FAX # ()		E-MAIL		
NOTE: Failure to di 1. Have you ever been of If yes, enclose a detail 2. Has any jurisdiction to or denied your applic	convicted by led description aken discipli	any court of any on of what happened nary action again	result in denial, crime? (circle d (including date st any professi	fines, suspension ar one) NO s) and a copy of the	YES court jud	dgment.
If yes, enclose a detai		•	•	110	120	
By my signature, I hereby ce By submitting this application my license and that this infor suspension or revocation of	rtify that the info n, I affirm that th mation is truthfo	ormation provided on e Office of Professio ul and factual. I also	this application is nal & Occupation understand that s	al Regulation will rely	upon this i	nformation for issuance of
SIGNATURE			DATE			
ELEVATOR AND TRAMWAY SAFETY PROGRAM REINSTATEMENT APPLICATION Required Fee: Licensing Fee (Plus Late fee if Applicable)						
LICENSE □ Elevator Me		License fee:	\$50.00 (EN	Л1427)		Office Use Only: 1427 - \$50.00 2090 - \$50.00/\$100.00
□ Lift Mechani□ Elevator Ins□ Tramway Ins□ Wire Rope I□ Elevator Co	pector spector nspector	License fee: \$	\$50.00 (IN \$50.00 (TR \$50.00 (WF	S1427) I1427) RI1427)	Office Use Only: Check # Amount: Cash # Lic. #	
□ Late fee: 1 to □ Late fee: 91	o 90 days days to 2	from expiration years \$100.0	on date \$50 0 (2090)	•	Ехр.	Date Date out the following:
NAME OF CARDHOLDER	R (please print) FIRST	M	IDDLE INITIAL	LAST	
ADDRESS OF CARDHOL	DER (please	print)				
I authorize the Departmen		nal and Financial R RD the following a	•	e of Professional & 0	Occupation	onal Regulation to
Card number:	XXXX-XX	XX-XXXX-XXX	X	Expi	ration Da	te mm / yyyy
	(check he	ere) 🗆 l under	stand that fe	es are non-refu	ndable	

DATE

ELEVATOR INSPECTORS ONLY:
Do you hold a Qualified Elevator Inspector Certification? ☐Yes ☐No
Please enter the expiration date of your certification:
I have read and understand the State of Maine Elevator and Tramway Safety Program's current Laws and Rules
□Yes □No

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.