

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

	А	PPLICANT INFO	RMATION	(please print)	
FULL LEGAL NAME	FIRST	MIDDL	E INITIAL	LA	ST
ANY OTHER NAMES E	EVER USED:				
DATE OF BIRTH	mm / dd / yyy	y	SOCIAL	SECURITY NUMBE	R
MAILING ADDRESS					
CITY		STATE	ZIP	COUNT	Y
PHONE # ()		FAX # ()		E-MAIL	
1. Have you ever been If yes, enclose a de 2. Has any jurisdiction or denied your apport If yes, enclose a de By my signature, I hereby By submitting this application my license and that this in suspension or revocation SIGNATURE	n convicted by tailed description taken disciplication for lice tailed explanation certify that the inficion, I affirm that the formation is truthfor my license if this	any court of any cran of what happened nary action agains nsure? (circle one on and copies of all commation provided on the Office of Profession ul and factual. I also us information is found	esult in denial, rime? (circle (including date t any professe) documents. This application is al & Occupation inderstand that so to be false. DATE WWAY S	one) NO es) and a copy of the ional license you hone strue and accurate to tal Regulation will rely united.	bld or have held, YES he best of my knowledge and belief. upon this information for issuance of sed including denial, fines, OGRAM
Requ	ired Fee:	_		s Late fee if	
LICENS	SE TYPE:				Office Use Only:
□ Elevator M□ Lift Mecha□ Elevator Ir	nic	License fee: \$License fee: \$License fee: \$	50.00 (LN	/IC1427)	1427 - \$50.00 2090 - \$50.00/\$100.00
□ Tramway I	nspector Inspector	License fee: \$ License fee: \$ License fee: \$	50.00 (TR 50.00 (WI	I1427) RI1427)	Office Use Only: Check # Amount: Cash # Lic. #
	-	from expiratio years \$100.00).00 (2090)	Issue DateExp. Date
NAME OF CARDHOLD	ER (please prin) FIRST	-	ay by Mastercard or	Visa, fill out the following: LAST
ADDRESS OF CARDH		. ,			
I authorize the Departm charge my USA			•	e of Professional & C 	Occupational Regulation to
Card number:	XXXX-XX	XX-XXXX-XXX		Expir	ation Date mm / yyyy
SIGNATURE	(check he	ere) 🗆 I unders	tand that fe	es are non-refu	ndable

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.