

**SIGNATURE** 

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

| 1111  |   |                                  |                          |                                      |  |
|---|---|----------------------------------|--------------------------|--------------------------------------|--|
|   | APPLICANT INFO  | RMATION (p                       | olease print)            |                                      |  |
| FULL LEGAL NAME FIRST   | MIDDLE  | INITIAL                          | LA                       | ST                                   |  |
| ANY OTHER NAMES EVER USED:  |   |                                  |                          |                                      |  |
| DATE OF BIRTH mm / dd / y   | ууу   | SOCIAL S                         | ECURITY NUMBE            | R                                    |  |
| MAILING ADDRESS   |   |                                  |                          |                                      |  |
| CITY  | STATE   | ZIP                              | COUNTY                   | ,                                    |  |
| PHONE # ( )   | FAX # ( )   |                                  | E-MAIL                   |                                      |  |
| NOTE: Failure to disclose crim  | CRIMINAL BACKO<br>inal convictions may res                |                                  |                          | d/or revocation of a license.        |  |
| 1. Have you ever been convicted t   | y any court of any cri                                    | me? (circle o                    | ne) NO                   | YES                                  |  |
| If yes, enclose a detailed descript   |   | • ,                              | • •                      | , ,                                  |  |
| Has any jurisdiction taken disci<br>or denied your application for li   | censure? (circle one)                                     |                                  | nal license you ho<br>NO | ld or have held,<br>YES              |  |
| If yes, enclose a detailed explana  | •   |                                  |                          |                                      |  |
| By my signature, I hereby certify that the By submitting this application, I affirm tha my license and that this information is tru suspension or revocation of my license if | t the Office of Professional thful and factual. I also un | & Occupational derstand that sar | Regulation will rely up  | oon this information for issuance of |  |
| SIGNATURE   |   | DATE                             |                          |                                      |  |
| ELEVATO   | R AND TRAN<br><b>REINSTATE</b>                            |                                  |                          |                                      |  |
| Doguired For  |   |                                  |                          |                                      |  |
| Required Fee  | e: Licensing F  | ee (Plus                         | Late ree if I            | Applicable)                          |  |
| LICENSE TYPE:   |   |                                  |                          | Office Use Only:                     |  |
| □ Elevator Mechanic   | License fee: \$5  | 50.00 (EM                        | 1427)                    | 1427 - \$50.00                       |  |
| □ Lift Mechanic   | License fee: \$5  |                                  |                          | 2090 - \$50.00/\$100.00              |  |
| □ Elevator Inspector  | License fee: \$5  | •                                | •                        |                                      |  |
| □ Tramway Inspector   |   | •                                | ,                        | Office Use Only:  Check # Amount:    |  |
| □ Wire Rope Inspecto  |   | 0.00 (WRI                        | 1427)                    |                                      |  |
| ☐ Elevator Contractor   | License fee: \$5  | •                                | ,                        | Cash #                               |  |
|   | ·   | `                                | ,                        | Lic. #                               |  |
| ☐ Late fee: 1 to 90 day   | s from expiration   | date \$50.0                      | 00 (2090)                | Issue Date                           |  |
| ☐ Late fee: 91 days to  |   |                                  | (====)                   | Exp. Date                            |  |
| ,   |   | ,                                | . Mantananal an Via      | - fill and the a fallentia an        |  |
| Make checks payable to " <b>Maine</b><br>NAME OF CARDHOLDER (please p   | •   |                                  | .E INITIAL               | LAST                                 |  |
| ADDRESS OF CARDHOLDER (please   |   |                                  |                          |                                      |  |
| I authorize the Department of Profess   |   | ulation Office                   | of Professional & O      | ccupational Regulation to            |  |
| charge my USA MASTERO   |   |                                  |                          | oodpational regulation to            |  |
| Card number: XXXX-XXXX-XXXXX Expiration Date mm / yyyyy   |   |                                  |                          |                                      |  |
| (chock  | here)   | and that fee                     | s are non-refur          | 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.