

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

Δ.			TION	/plagas	nrint)		
	PPLICANT			(piease			
FULL LEGAL NAME FIRST	M	IDDLE IN	ITIAL		L	AST	
ANY OTHER NAMES EVER USED:							
DATE OF BIRTH mm / dd / yyyy	/		SOCIAL	SECURI	TY NUME	BER	
MAILING ADDRESS							
CITY	STATE		ZIP		COUN	TY	
PHONE # ()	FAX# ()		E-MAIL			
CRIMINAL BACKGROUND DISCLOSURE NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.							
1. Have you ever been convicted by		-			NO	YES	sation of a licerise.
If yes, enclose a detailed description	-	-	•	•			iment.
2. Has any jurisdiction taken discipli		•	•	•			
or denied your application for lice	nsure? (circl	e one)	-		NO	YES	·
If yes, enclose a detailed explanatio							
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		DA	TE				
ELEVATOR AND TRAMWAY SAFETY PROGRAM							
TRAMWAY INSPECTOR APPLICATION				Office Use Only:			
Required Fee:\$96.00				1421 - \$50.00			
(includes criminal records check fee)				1446 - \$25.00 2619 - \$21.00			
-				,			Office Use Only:
☐ Tramway Inspector (TRI1421) Live Issue Tramway Inspector (TRI1421)				neck #			
					Amount:		
					Lic. #		
				sue Date			
				Ex	Exp. Date		
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:						the following:	

NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST				
ADDRESS OF CARDHOLDER (please pri	nt)						
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my USA MASTERCARD the following amount: \$							
Card number:	X-XXXX-XXX	E	xpiration Date mm / yyyy	V			
(check here) 🗆 I understand that fees are non-refundable							
SIGNATURE		DATE					

PRESENT OR LAST EMPLOYER:	
COMPLETE ADDRESS:	
DATES OF EMPLOYMENT: FROM: MO/YR	TO: MO/YR
TOTAL HOURS PER WEEK:	TOTAL HOURS PER YEAR:
YOUR TITLE:	
DETAIL OF WORK PERFORMED:	
PREVIOUS EMPLOYER:	
COMPLETE ADDRESS:	
DATES OF EMPLOYMENT: FROM: MO/YR	TO: MO/YR
TOTAL HOURS PER WEEK:	TOTAL HOURS PER YEAR:
YOUR TITLE:	
DETAIL OF WORK PERFORMED:	
PREVIOUS EMPLOYER:	
COMPLETE ADDRESS:	
DATES OF EMPLOYMENT: FROM: MO/YR	TO: MO/YR
TOTAL HOURS PER WEEK:	TOTAL HOURS PER YEAR:
YOUR TITLE:	
DETAIL OF WORK PERFORMED:	
l .	

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.