



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENSING AND CERTIFICATION**

**Temporary Nurse Agency Change Notice**

<b>SECTION 1: AGENCY INFORMATION</b>			
Agency Name:			
Doing Business As:			
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Agency Email Address:			
Telephone Number:		Fax Number:	
<b>SECTION 2: REASON FOR CHANGE (Select all that apply)</b>			
<b>Changes Requiring a \$10* Fee:</b> <input type="checkbox"/> Change of Agency Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Person in Charge		<b>Changes that do not require submission of a fee:</b> <input type="checkbox"/> Change of person in charge email address <input type="checkbox"/> Agency email change <input type="checkbox"/> Temporary Closure <input type="checkbox"/> Permanent Closure	
<b>SECTION 3: FEE AND PAYMENT INFORMATION</b>			
*Per 22 MRS §1723 Processing Fee of \$10.00.			
Acceptable Payment Options: <input type="checkbox"/> Check <input type="checkbox"/> Money Order			
<b>Make check or money order payable to "Treasurer, State of Maine."</b> <b>Do not send cash. Credit card payments are not accepted.</b> <b>All fees are non-refundable.</b>			
<b>Total Check/Money Order enclosed:</b>			<b>= \$ _____</b>

*For questions about the Temporary Nurse Agencies program and/or application, please contact the following:*

Department of Health and Human Services  
 Licensing and Certification  
 Attention: Temporary Nurse Agency Staff  
 41 Anthony Ave  
 11 State House Station  
 Augusta, ME 04333-0011

Tel: (207) 287-9300

Toll Free: 1-800-791-4080

TTY users call Maine relay  
711

Email: [dlrs.info@maine.gov](mailto:dlrs.info@maine.gov)

Office Use Only:    Check# _____    MO # _____    Amount \$ _____    Initials: _____    Registration# _____
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**SECTION 4: CHANGE DETAILS**

**A. Business Name Change:**

Previous Name:  
New Name:  
Effective Date:

**B. Address Change:**

Previous Address:  
New Address:  
Effective Date:

**C. Change of Person in Charge:**

Previous name of person in charge:  
Previous person in charge's email address:  
Name of new person in charge:  
New person in charge's email address:  
Effective Date:

**D. Person in Charge's Email address change:** This section is to be completed only if the person in charge's email address has changed since the last registration application.  
  
Old email address:  
New email address:

**E. Agency email change:**

Old email address:  
New email address:

**F. Temporary Closure:**

**Start Date:**  
**End Date:**

**G. Permanent Closure**

**Effective Date:**

**SECTION 5: SIGNATURE**

I certify that the information contained in this change notice is true and correct to the best of my knowledge.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_