



**State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation**

INDIVIDUAL EXAMINATION APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
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		DATE	

**BOILER & PRESSURE VESSEL SAFETY PROGRAM
EXAMINATION APPLICATION
Required Fee: \$25.00**

EXAMINATION TYPE:

- 1st Class Stationary Steam Engineer (SSE)
- 2nd Class Stationary Steam Engineer (SSE)
- 3rd Class Stationary Steam Engineer (SSE)
- 4th Class Stationary Steam Engineer (SSE)
- Boiler Operator (BOH)

<small>Office Use Only:</small>	
Check #	_____
Amount:	_____
Cash #	_____
Lic. #	_____
1446- \$25.00	

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:
NAME OF CARDHOLDER (please print)
<i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my () VISA () MASTERCARD the following amount: \$ _____
Card number: <i>XXXX-XXXX-XXXX-XXXX</i> Expiration Date <i>mm / yyyy</i>
(check here) <input type="checkbox"/> I understand that fees are non-refundable
SIGNATURE DATE

Boiler Operator Training Permit Held: Yes No Expiration Date: _____

Do you currently hold a Maine Boiler Operator or Stationary Steam Engineer License? Yes No

If yes, Grade _____ License # _____ Expiration Date: _____

Have you successfully completed a Maine Board approved High-Pressure Boiler Operator course?

Yes No **If yes, please enclose a copy of your certificate.**

Have you graduated from Maine Maritime Academy?

Yes No **If yes, please enclose an official copy of your transcript.**

Do you require a Stationary Steam Engineer examination from the Maine Board of Boilers & Pressure Vessels in order to graduate from Maine Maritime Academy? (Graduate PEO)

Yes No **If yes, please enclose an official letter from Maine Maritime Academy as proof of status.**

Boiler Work History

Present or Last Employer:	From <u> </u> / <u> </u> / <u> </u> Month/day/year	To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Name of Engineer in Charge:	
Your Title:	Hours per Week: Total Hours:	
List all daily tasks you perform on boilers:	Plant Capacity:	
	Boiler Steam Pressure:	

Previous Employer :	From <u> </u> / <u> </u> / <u> </u> Month/day/year	To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Hrs. per Week:	
Your Title:	Total Hrs.:	
Detail Work Performed with Boilers:	Plant Capacity:	
	Boiler Steam Pressure:	

Previous Employer :	From <u> </u> / <u> </u> / <u> </u> Month/day/year	To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Hrs. per Week:	
Your Title:	Total Hrs.:	
Detail Work Performed: with Boilers:	Plant Capacity:	
	Boiler Steam Pressure:	

Previous Employer :	From <u> </u> / <u> </u> / <u> </u> Month/day/year	To <u> </u> / <u> </u> / <u> </u> Month/day/year
Complete Address:	Hrs. per Week:	
Your Title:	Total Hrs.:	
Detail Work Performed with Boilers:	Plant Capacity:	
	Boiler Steam Pressure:	

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOILER AND PRESSURE VESSEL SAFETY PROGRAM
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8606 FAX: (207)624-8636
Maine Relay 711 (tty)

AFFIDAVIT

Name of applicant:		
Contact Address:		
City:	State:	Zip Code:

ENGINEER-IN-CHARGE COMPLETE THE FOLLOWING SECTION
TYPE OF EXAMINATION
(Check The Type of Examination The Applicant is Requesting)

Boiler Operator – **PREREQUISITE OPERATING EXPERIENCE:** Six (6) months operating experience under a boiler operator training permit under the supervision of an engineer-in-charge.

4th Class Stationary Steam Engineer – **PREREQUISITE OPERATING EXPERIENCE:** One (1) year operating or supervising experience as a licensed Boiler Operator as an: (1) Engineer in charge of a high pressure heating plant with a capacity of not more than 20,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.

3rd Class Stationary Steam Engineer - **PREREQUISITE OPERATING EXPERIENCE:** One (1) year operating or supervising experience as a licensed 4th Class Engineer as an: (1) Engineer in charge of a plant with a capacity of not more than 50,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.

2nd Class Stationary Steam Engineer – **PREREQUISITE OPERATING EXPERIENCE:** Two (2) years operating or supervising experience as a licensed 3rd Class as an: (1) Engineer in charge of a plant with a capacity of not more than 100,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.

1st Class Stationary Steam Engineer - **PREREQUISITE OPERATING EXPERIENCE:** Two (2) years operating or supervising experience as a licensed 2nd Class Engineer as an: (1) Engineer in charge of a plant with a capacity of not more than 200,000 #/HR; or (2) a stationary engineer in a plant under the direction of a duly licensed engineer in charge.

THE APPLICANT LISTED ABOVE HAS WORKED UNDER MY SUPERVISION AND HAS MET THE PREREQUISITE OPERATING EXPERIENCE TO QUALIFY FOR EXAMINATION. THE INFORMATION GIVEN BY ME IN THIS AFFIDAVIT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Engineer-in-Charge

Date: _____

Name Printed

License #: _____

Are you the engineer in charge of the applicant? Yes No

Name of facility that you are the engineer in charge of? _____

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.
- **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: www.maine.gov/professionallicensing. Your license application will show up as PENDING at first. The status will change to ACTIVE once a license has been issued.

NOTICES

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 will be returned)
- 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.