



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
LICENSE VERIFICATION REQUEST**

REQUESTOR'S INFORMATION (please print)

FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
COMPANY			
CONTACT ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )		
EMAIL			
SIGNATURE	DATE		

**Board of Complementary Health Care Providers  
License Verification Request  
Required Fees: \$25.00 (Non-Refundable)**

\$25.00 per verification requested  _____ Number of Verifications Requested	<b>Office Use Only:</b>  4450 2685- \$25.00	<b>Office Use Only:</b> Check # _____ Amount: _____ Cash # _____
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LICENSEE INFORMATION — This form may be used for single or multiple license verifications.

NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
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NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:

**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 and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	XXXX-XXXX-XXXX-XXXX		Expiration Date <i>mm / yyyy</i>
SIGNATURE	DATE		

**ADDRESS TO SEND MAINE LICENSE VERIFICATION TO***LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ( )	FAX ( )	EMAIL

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STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND 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) 624-8637 TTY users call Maine relay 711 web: [www.maine.gov/professionallicensing](http://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

**Before you seal the envelope, did you:**

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.