STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
Elevator and Tramway Safety Program
35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035

AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.
Payment through credit cards will not be processed without this authorization form.

Name: **(applicant fees are being paid for)**		
Mailing Address: **(applicant fees are being paid for)**		
City:	***State:***	***Zip Code:***
County:	***Telephone #:*** **(_____) _____-_____**	
Name of Cardholder: **(if other than applicant)**		
Mailing Address: **(if other than applicant)**		
City:	***State:***	***Zip Code:***

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD

the following amount: $_____ ☐ **I understand that fees are non-refundable**

Card number: _____ Expiration Date ____ /____

SIGNATURE _____ **DATE** _____

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