STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF LICENSURE OF FORESTERS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
GOVERNOR

Anne L. Head
DIRECTOR

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 of applicant: **(fees being paid for)**		
***Mailing Address of applicant*:** **(fees 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 State of Maine, Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my:

[ ] Visa [ ] MasterCard_____Expiration date: ____/_____/_____
Card number

in the amount of: $_____ [ ] I understand that fees are non-refundable.

Signature: _____ Date: _____/_____/_____