

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
**MAINE FUEL BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8627 FAX: (207)624-8636  
Maine Relay 711 (TTY)

**AFFIDAVIT**

Section 1. **RESIDENT EXPERIENCE.** This section to be completed by the supervising master technician verifying licensed practical experience.

I, \_\_\_\_\_, License # \_\_\_\_\_  
(Name of Master Technician)

\_\_\_\_\_  
(Company Name, Address and Phone #)

do hereby certify that \_\_\_\_\_ has been  
(Name of applicant)

under my supervision as:

**PLEASE CHECK BOTH IF APPLICABLE.**

Dates time accumulated must be listed or affidavit will be returned.

**A licensed apprentice technician**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

And Has Accumulated \_\_\_\_\_ Hours of actual work performed on oil and solid fuel burning equipment.

**A licensed journeyman technician**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

And Has Accumulated \_\_\_\_\_ Hours of actual work performed on oil and solid fuel burning equipment.

\_\_\_\_\_  
Signature of Master Technician

\_\_\_\_\_  
Date

Section 2. **NON-RESIDENT EXPERIENCE.** This section to be completed by the current or former employer verifying practical experience.

I, \_\_\_\_\_,  
(Name of Employer)

\_\_\_\_\_  
(Company Name, Address and Phone #)

do hereby certify that \_\_\_\_\_ has been under my  
(Name of Applicant)

supervision as a(n) \_\_\_\_\_ and performing the  
(Title of Position)

following list of duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

Section 3. **NON-RESIDENT EXPERIENCE (SELF-EMPLOYED).** This section to be completed by a community leader who has knowledge of the applicant's existence in business. (three (3) separate community leaders needed)

I, \_\_\_\_\_  
(Community Leader)

\_\_\_\_\_, \_\_\_\_\_  
(Street/P.O. Box/City/State/Zip) (Phone Number)

do hereby acknowledge that \_\_\_\_\_ has been in the oil  
(Name of Applicant)

burning and solid fuel trade from: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

\_\_\_\_\_  
Signature of Community Leader

\_\_\_\_\_  
Date