



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE 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	
<p>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.</p>			
SIGNATURE		DATE	

**MAINE FUEL BOARD
EXAMINATION APPLICATION
Required Fee: \$25.00**

TYPE OF EXAMINATION:

- | | |
|---|---|
| <input type="checkbox"/> MASTER
() 1 & 2 Oils up to 15 GPH
() 1 & 2 Oils over 15 GPH
() 4, 5 & 6 Oils Only
() Solid Fuel | <input type="checkbox"/> JOURNEYMAN
() 1 & 2 Oils up to 15 GPH
() 1 & 2 Oils over 15 GPH
() 4, 5 & 6 Oils Only
() Solid Fuel |
|---|---|

Office Use Only:
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) () I understand that fees are non-refundable		
SIGNATURE		DATE

Do you or have you ever held any type of oil and/or solid fuel license in the State of Maine?
 Yes No If yes, what type of license: Master Journeyman Apprentice
 Date Issued: _____ Date Expired: _____

Do you or have you ever held any type of oil and/or solid fuel license in any other State?
 Yes No If yes, what type of license: _____
 Date Issued: _____ Date Expired: _____
PROVIDE A COPY OF SUCH LICENSE.
 Date Issued: _____ Date Expired: _____

TRAINING AND EDUCATION

Please complete this section by listing all heating related classes or courses you have completed, and **submit proof of completion** by diploma, certificate or transcript.

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	HEATING COURSES COMPLETED
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL, TECHNICAL SCHOOL OR INSTITUTES			
OTHER			
ADDITIONAL COURSES			

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **OIL AND/OR SOLID FUEL TECHNICIAN**. START WITH PRESENT POSITION AND WORK BACK. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	

PREVIOUS EMPLOYER:	From: ____/____/____ To: ____/____/____
COMPLETE ADDRESS:	Hours per week:
	Total Hours:
YOUR TITLE:	NAME OF SUPERVISING MASTER:
DETAIL OF WORK PERFORMED:	

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

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & 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 Maine Relay 711 (TTY) web: 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
- **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. As soon as your license is issued the status will show as ACTIVE.
- **I am currently licensed as a Master Oil Technician. Do I need to complete the entire application to apply for the Master Solid Fuel exam?** No. Just complete the first page of the application and mail it in with the \$25.00 application fee.

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 may 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.