



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
DISPENSING STATION REINSTATEMENT APPLICATION**

APPLICANT INFORMATION (please print)			
NAME OF FACILITY			LICENSE #
PHYSICAL ADDRESS OF FACILITY			
CITY	STATE	ZIP	COUNTY
PHONE # ()		FEDERAL I.D. NUMBER	
NAME OF OWNER OF DISPENSING STATION EQUIPMENT			
ADDRESS OF OWNER			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
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.			
SIGNATURE		DATE	

<p>MAINE FUEL BOARD DISPENSING STATION REINSTATEMENT REQUIRED FEE:</p> <p>License Fee: \$130.00 (DIS1427) Late Fee: 1 to 90 days from expiration date \$50.00 (2090) 91 days to 2 years from expiration date \$100.00 (2090)</p>		<p>Office Use Only:</p> <p>1427—\$130.00 2090—\$50/\$100</p>
<p>LICENSE TYPE:</p> <p><input type="checkbox"/> Propane Dispensing Station</p> <p><input type="checkbox"/> CNG Dispensing Station</p> <p><input type="checkbox"/> Other: _____</p>		<p><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____</p>

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 <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____	
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date <i>mm / yyyy</i>
(check here) <input type="checkbox"/> I understand that fees are non-refundable	
SIGNATURE	DATE

LIMITED OPERATOR APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
MAINE FUEL BOARD

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR ON AN ANNUAL BASIS.

LIMITED OPERATOR INFORMATION (please print)				
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER		- -
MAILING ADDRESS				
CITY	STATE	ZIP	COUNTY	
PHONE # ()	FAX # ()		E-MAIL	
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 and 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.				
SIGNATURE		DATE		

IF YOU ARE CURRENTLY LICENSED AS A PLANT OPERATOR AND/OR DELIVERY TECHNICIAN YOU DO NOT NEED TO COMPLETE THE FOLLOWING AFFIDAVIT.

I am currently licensed as a: Plant Operator Delivery Technician

License Number: _____

AFFIDAVIT

I hereby certify that _____ has
(Name of Limited Operator)
been properly trained as the Limited Operator in accordance with 32 MRS §18142(2)(B).

Date: _____

Signature of Limited Operator

Facility Name Typed or Printed

Date: _____

Signature of Training Representative

Training Representative Name Typed or Printed

PROPANE DISPENSING STATION AFFIDAVIT

I hereby certify that the following list of dispensing station operators have been properly trained by using the Dispensing Station Operators Manual and have viewed the National Propane Gas Association Video entitled, "Fill It or Not." I have also verified that each dispensing station operator is at least 18 years of age.

NAME(S) OF TRAINED DISPENSING STATION OPERATOR(S):

PLEASE TYPE OR PRINT WITH INK.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Dated: _____

Signature of Limited Operator

Limited Operator's Name Typed or Printed

Facility Name

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. You will not leave with a license, though.
- **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. As soon as your status is ACTIVE you are authorized to practice.

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)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.