STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

LICENSE VERIFICATION REQUEST

REQUESTOR'S INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
COMPANY			
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )		FAX # ( )	
EMAIL			
SIGNATURE		**DATE**	

Board of Examiners in Physical Therapy
License Verification Request
Required Fees: $25.00 (Non-Refundable)

$25.00 **per** verification

_____Number of Verifications Requested

Office Use Only:

4390 2685- $25.00

Office Use Only:

Check #_____

Amount:_____

Cash #_____

LICENSEE INFORMATION — This form may be used for single or multiple license verifications.				
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:
NAME:	FIRST	MIDDLE INITIAL	LAST	LICENSE #:

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) FIRST MIDDLE INITIAL LAST

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: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

SIGNATURE **DATE**

ADDRESS TO SEND LICENSE VERIFICATION FOR *LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE ( )	FAX ( )	EMAIL

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STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND 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 TTY users call Maine relay 711 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

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.