



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
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	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
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 Licensing and Registration 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	

OIL AND SOLID FUEL BOARD EXAMINATION APPLICATION Required Fee: \$25.00		Office Use Only: 1446 - \$25.00
TYPE OF EXAMINATION:		
<input type="checkbox"/> MASTER	<input type="checkbox"/> JOURNEYMAN	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____
<input type="checkbox"/> 1 & 2 Oils up to 15 GPH	<input type="checkbox"/> 1 & 2 Oils up to 15 GPH	
<input type="checkbox"/> 1 & 2 Oils over 15 GPH	<input type="checkbox"/> 1 & 2 Oils over 15 GPH	
<input type="checkbox"/> 4, 5 & 6 Oils Only	<input type="checkbox"/> 4, 5 & 6 Oils Only	
<input type="checkbox"/> Solid Fuel		

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 Licensing and Registration 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>
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 OR WORK PERFORMED:	

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

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

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

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
OIL AND SOLID FUEL BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8672 FAX: (207)624-8636
HEARING IMPAIRED: 1-888-577-6690

AFFIDAVIT

Please complete appropriate section and be sure **AFFIDAVIT IS NOTARIZED.**

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

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?** 122 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. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

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)
- Answer the criminal background disclosure questions
- 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.