

STATE OF MAINE

APPLICATION FOR REGISTRATION

DOOR TO DOOR HOME REPAIR SELLER



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8624
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICANT INSTRUCTIONS

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- **A completed application;**
- **A photograph taken within the previous year;**
- **\$100 registration fee, the check made payable to Treasurer, State of Maine; or Credit Card Application authorizing payment; AND**
- **SBI - Criminal background check and payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to Treasurer, State of Maine.**

"Door-to-door sales" are the solicitation or sale of home repair services by a home repair seller and/or his/her employee to a consumer. This must be the result of or in connection with the seller's and /or the employee's direct contact. This is accomplished by means of a personal visit to the consumer and must be held other than the seller's place of business. The consumer **does not** initiate contact with the seller and/or his/her employees. This is only direct contact and does not include mail or telephone soliciting.

An employee means an independent contractor and/or person working for a salary or commission and is affiliated with the home repair seller.

A transient seller of home repair services does not have a permanent place of business in the municipality in which the direct solicitation or sale occurs.

EXEMPTIONS

Exemptions to the this statute includes:

1. new homes; and
2. sales amount - the gross sales price (including interest and/or carrying charges) is under \$25.00.

CONTRACTS

All contracts must meet the following:

1. the laws governing consumer sales;
2. transient sales statutes(transient vendor);
3. statutes governing home solicitation sales; and
4. laws governing home construction contracts.

RENEWAL OF REGISTRATION

All sellers must register with the Department of Professional and Financial Regulation on and/or before **October 31 of each year**. Each registration must include the name of the seller and his/her company. Each contract must include the seller's registration number. Those who solicits sales from a municipal or state repair contract is exempt from registering.

HOME REPAIR SELLER MUST NOTIFY DEPARTMENT OF ALL CHANGES

Penalties are as follows:

1. **Criminal Penalty:** individuals that engage in those services in violation of 32 M.R.S.A. Chapter 128 commits a Class D crime.
2. **Civil Penalty:** failure to register for a transient seller of home repair and/or his/her employees is in violation of Chapter 128. Civil penalty is up to \$2,000 may be adjudged against the seller and employees. If the individual violates this chapter more than twice, or if the injured consumer is over sixty (60) years of age, the civil violation penalty may be up to \$5,000. This is enforceable by either the District Attorney or the Attorney General's Offices.
3. **Unfair Trade Practice:** a seller who fails to register commits an unfair trade practice in violation to 5 M.R.S.A §207.
4. **Revocation:** in any of the above penalties, the court may revoke the sellers registration.



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 AND FINANCIAL REGULATION
**DOOR-TO-DOOR TRANSIENT SELLER OF
 HOME REPAIR SERVICES**

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 04333-0035

TEL: (207) 624-8624

FAX: (207) 624-8637

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

REGISTRATION FOR DOOR-TO-DOOR TRANSIENT SELLER OF HOME REPAIR SERVICES

The following statement is made pursuant to the Privacy Act of 1974, section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section 405 (C) (2) (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 section 191.

(1423) Registration Fee: \$100

Please Make Check Payable to Treasurer, State of Maine

Please complete entire application. Please print or type.

Name:		
Mailing Address:		
City:	State:	Zip Code:
County:	Telephone #: () -	
Social Security #: ()-()-()		Date of Birth: _____
Legal Address: (if different from Mailing Address)		
City:	State:	Zip Code:
Permanent Place of Business: (as defined in 32 MRSA §4681-4689)		
City:	State:	Zip Code:
Work Tel #:	() -	Home Tel: () -

COMPANY NAME

The companies name which you will conduct business during the next year:		
<i>List all company names you have conducted business under:</i>		
<i>Towns where have conducted business:</i>		
<i>Briefly describe type of business:</i>		
<i>List all employees, their date of births and social security numbers. Use a separate sheet of paper if needed.</i>	Name:	DOB
	SSN:	
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	SSN:	
<i>List all employees, their date of births and social security numbers. Use a separate sheet of paper if needed.</i>	Name:	DOB
	SSN:	

List all civil judgements or criminal convictions secured or outstanding against you that arise out of home repair services during the 4 years prior to making the application, all criminal and civil suits pending against you that arise out of home repair services and all criminal convictions and criminal suits pending for theft against you. Please explain each conviction. If necessary a separate piece of paper may be used. Also, submit any/all documents concerning the conviction(s).

1.

2.

3.

4.

Have you ever been convicted of a crime other than a conviction described in your answer to the previous questions? ___ yes ___ no

If yes, please explain below or on a separate sheet of paper. Also, submit any/all documents concerning the conviction(s).

1.

2.

3.

4.

5.

6.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license/registration issued by the Department. I further authorized all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

I, the undersigned, have submitted and are familiar with the requirements of Maine registration for Door-to-Door of Transient Sellers of Home Repair Services, specifically, I understand that:

- I must promptly notify the Department of Professional and Financial Regulations of all changes in the above information, including address and employee changes in writing.
- I understand that if I knowingly, intentionally or recklessly make a false statement in this application that this is grounds for denial of the application or revocation of my registration.
- I certify that I have received a copy of the form contract for Door-to-Door of Transient Sellers of Home Repair Services and that I have also received copies of the four statutes listed below:

- The Door-to-Door Repair Transient Sellers Act (32 M.R.S.A. Section 14501-14512)
- The Consumers Solicitation Sales Act (32 M.R.S.A. Section 4661-4670)
- The Transient Sales Act (32 M.R.S.A. Section 4681-4670)
- The Home Solicitation Sales Act (9-A M.R.S.A. Section 3-501-3-507)

Date

Signature

Name and Title (Please Print)



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 Governor

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 Director

**DOOR TRANSIENT SELLER
 OF HOME REPAIR SERVICES
 CONTRACT CHANGE ORDER**

Pursuant to the Home Construction Contract Act, 10 M.R.S.A. Section 1488, each **change order** to an existing home construction contract must be in writing and becomes a part of and is in conformance with the original contact.

(This law applies to contracts for \$1,400.00 or more.)

All work shall be performed under the same terms and conditions as specified in the original contract unless otherwise stipulated. The change order must detail all changes to the original contract that result in a revision of the contract price. The previous contract price must be stated and the revised price shall also be stated. Both parties must sign the change order.

Contract number:

PARTIES TO THIS CHANGE ORDER

Seller's Name:		
Permanent Address:		
City:	State:	Zip Code:
County:	Telephone #: () -	
Door-to-Door Registration #:		Date of Birth:
Legal Address: (if different from Mailing Address)		
City:	State:	Zip Code:

HOMEOWNER OR LESSEE

Name: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
County: _____	Telephone #: (____) _____ - _____	
		Date of Birth: _____
Legal Address: (if different from Mailing Address)		
City: _____	State: _____	Zip Code: _____
Date Original Contract Signed: _____		

<u>Changes in the work originally contracted for:</u> _____ _____ _____ _____ _____ _____

Price Change(s)
Original contract price: \$ _____ Revised contract price: \$ _____

Acceptance of Change Order	
Signature: _____ (Homeowner or Lessee)	Date: _____
Signature: _____ (Seller)	Date: _____



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DOOR-TO-DOOR TRANSIENT SELLER OF HOME REPAIR SERVICES CONTRACT

This form contract was drafted by the Maine Attorney General in order to meet the written contract requirements of the Door-to-Door Transient Sellers of Home Repair Services Act (32 M.R.S.A. Section 14501-14512). This law regulates transient sellers of home repair services who solicit door-to-door or by phone and who do not have a permanent place of business in the municipality in which the customer resides. Transient home repair sellers include, but are not limited to, persons who pave or seal driveways, repair chimneys or roofs, trim trees or perform other home repairs or improvements. This form contract also includes the provisions required by the Home Construction Contracts Law (10 M.R.S.A. Section 1483-90). However, this law only applies to contracts for \$1,400.00 or more. If a contract is for less than \$1,400, then only contract sections 1, 3 – 6 and 11-12 must be completed. Please complete entire contract. Please print or type.

PARTIES TO THIS CONTRACT

Seller's Name:		
Permanent Address:		
City:	State:	Zip Code:
County:	Telephone #: () -	
Door-to-Door Registration #:		Date of Birth:
Legal Address: (if different from Mailing Address)		
City:	State:	Zip Code:
Permanent Place of Business: (as defined in 32 MRSA §4681-4689)		
City:	State:	Zip Code:
Work Tel #:	() -	Home Tel: () -

HOMEOWNER OR LESSEE

Name:		
Mailing Address:		
City:	State:	Zip Code:
County:	Telephone #: () - 	
		Date of Birth: _____
Legal Address: (if different from Mailing Address)		
City:	State:	Zip Code:
Estimation date of commencement of work:		
Estimation date of completion of work:		

CONTRACT

Contract Price: (If a “cost-plus” formula, the cost of labor and materials must be estimated.)	\$_____
Method of payment: Initial down payment is limited to no more than 1/3 of the total contract price.	
Description of work:	
Express warranty: The seller provides the following express warranty:	

Statutory warranty: In addition to any express warranties agreed to by the parties, the seller by law warrants that the work will be free from faulty materials; constructed according to the standards of the building code applicable for this location; constructed in a skillful manner and fit for habitation. The warranty rights and remedies set forth in the Maine Uniform Commercial Code apply to this contract.

Resolution of Disputes: If a dispute arises concerning the provisions of this contract or the performance by the parties, then the parties agree to settle this dispute by jointly paying for one of the following (circle only one):

- 1) **Binding arbitration** as regulated by the Maine Uniform Arbitration Act, with the parties agreeing to accept as final the arbitrator’s decision.
- 2) **Nonbinding arbitration**, with the parties free to not accept the arbitrator’s decision and to seek satisfaction through other means, including a lawsuit.
- 3) **Mediation**, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences.

The parties are not required to select one of these dispute resolution methods.

Change orders: Any alteration or deviation from the above contractual associations that involve extra cost will be executed **only upon the parties entering into a written change order (see Change Order form).**

Additional Provisions:

Three day right to cancel: The homeowner or lessee can cancel this contract by giving to the seller a written cancellation notice within three (3) full business days following the day on which the parties agreed and signed this contract. This notice is sufficient if it is mailed to the seller at the seller's address as stated in section #1 of this contract. This cancellation notice is effective once it is deposited in the United States mail. The contractor cannot begin to perform this contract until this three (3) day cancellation period has expired.

This contract must be completed for all door-to-door home repair jobs. Each party concerned must receive a copy of this signed contract before changes that result in a different contract price, then the parties must sign a written change order (see form).

Contract Acceptance:

Signature: _____
(Homeowner or Lessee)

Date: _____

Signature: _____
(Seller)

Date: _____



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TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
 RE: CRIMINAL RECORDS 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.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

**(Clerk Name and Phone Number) Marlene McFadden
 (207) 624-8624**



PRINTED ON RECYCLED PAPER

PHONE: (207) 624-8624
 (Office Phone)

FAX: (207)624-8637

(207)624-8653 (TTY/HEARING IMPAIRED)
 OFFICES LOCATED AT: 122 NORTHERN AVENUE,
 GARDINER, MAINE



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Door to Door Home Repair Seller
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CRIMINAL HISTORY RECORD CHECK FEE: \$8.00

Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: MARLENE MCFADDEN
Agency Name & Address:	Office of Licensing and Registration Door to Door Home Repair Seller 35 State House Station Augusta, Maine 04333-0035



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____

Card number

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____

PHONE: (207)624-8624
 (Office Phone)



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