

APPLICATION FOR LICENSE

ELECTRICAL COMPANY



Department of Professional and Financial Regulation
Office of Licensing and Registration

ELECTRICIANS' EXAMINING BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8610
Hearing Impaired: (207) 624-8563
e-mail: nanette.s.wescott@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

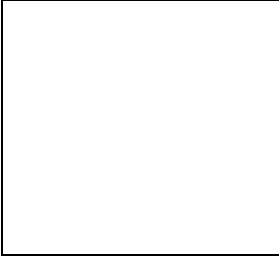
Electrical Company

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

- License application and payment for \$25.00

Incomplete applications will be returned.

ELECTRICAL COMPANY APPLICATION



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
 OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
 35 STATE HOUSE STATION
 AUGUSTA, ME 04333
 TEL: (207)624-8610 FAX: (207)624-8637
 HEARING IMPAIRED: (207)624-8563

Office Use Only
Lic. #: _____
Date Issued: _____
Date Expires: _____
Cash #: _____
4220-1446: \$25.00

\$25.00 Application Fee (make check payable to: Treasurer, State of Maine)

All licenses expire two years from date of issue or upon the death or severance of the verifying Master from the Company

- CORPORATION**
 PARTNERSHIP
 SOLE PROPRIETOR
 (See back of form for further instructions)

IF LIMITED COMPANY, CHECK ONE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Water Pumps | <input type="checkbox"/> Outdoor Signs | <input type="checkbox"/> Gasoline Dispensing |
| <input type="checkbox"/> Traffic Signals | <input type="checkbox"/> House Wiring | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Low Energy | <input type="checkbox"/> Cranes | |

Federal I.D. # _____ - _____ **or SS#** _____ - _____ - _____

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 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). 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 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of Company:		
Mailing Address of Company:		
City:	State:	Zip Code:
County:	Telephone: (____) _____ - _____	
Corporate Charter/File # _____		

**PARTNERSHIPS MUST LIST NAME(S) AND ADDRESS(S) OF
SOLE PROPRIETOR OR PARTNERS**

Name:	Address:
Name:	Address:
Name:	Address:
Name:	Address:

TO BE COMPLETED BY VALIDATING MASTER

Name of Validating Master:	License Number of Validating Master:	
Mailing Address of Validating Master:		
City:	State:	Zip Code
Work Phone:	Home Phone:	Social Security Number:
Are you an Officer of the Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No Title: _____		
Are you an Employee of the Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a member of the Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Validating Master:	Date:	



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR



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 of applicant: (fees being paid for)		
Mailing Address of 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)624-8610
(Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637