

APPLICATION FOR LICENSE

CRANE TECHNICIAN

(Licenses issued by Grandfathering)



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

Crane Technician (Licenses issued by Grandfathering)

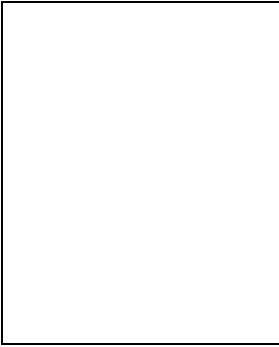
COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- License application and payment for \$125.00
- Criminal History Record Check application and **SEPARATE** payment for \$8.00. Criminal History Record Checks cannot be paid for by Visa or MasterCard.
- Proof of documentation of work experience in installation of cranes and hoists prior to September 18, 1999

Incomplete applications will be returned.

QUALIFICATIONS – A crane technician must have 135 hours of electrical education as approved by the Electricians' Examining Board or from an accredited institution and 2,000 hours of experience. Any person having work experience in the installation of cranes and hoists, as defined by the National Electrical Code, prior to September 18, 1999, qualifies to be licensed as a crane technician. This covers the installation of electrical equipment and wiring used in connection with cranes, monorail hoists, hoists and runways.

CRANE TECHNICIAN
(Licenses issued by Grandfathering)



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	
Cash #:	_____
Date Approved:	_____
Date Issued:	_____
License #:	_____
4220-1446	\$25.00
4220-1423	\$100.00

LICENSE FEE:	\$ 100.00
APPLICATION FEE:	\$ 25.00 (non-refundable)
TOTAL DUE:	\$ 125.00
MAKE CHECK PAYABLE TO: TREASURER STATE OF MAINE	

Social Security Number ____ - ____ - ____

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 applicant:		
Mailing Address of applicant:		
City:	State:	Zip Code:
County:	Home Telephone: (____) _____ - _____	
	Work Telephone: (____) _____ - _____	
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

ATTACH A PHOTO OF YOURSELF

Signature of Applicant

Date

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please list date(s), crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

EMPLOYMENT RECORD: In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Any person having work experience in the installation of cranes and hoists, as defined by the National Electrical Code, prior to 9/18/99, qualifies to be licensed as a crane technician. This covers the installation of electric equipment and wiring used in connection with cranes, monorail hoists, hoists, and all runways. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER:

PRESENT OR LAST EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: Yes No

2. EMPLOYER:

PRESENT OR LAST EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: Yes No

3. EMPLOYER:

PRESENT OR LAST EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: Yes No

4. EMPLOYER:

PRESENT OR LAST EMPLOYER _____

YOUR TITLE _____

COMPLETE ADDRESS _____

DATES OF EMPLOYMENT: FROM: MO/YR _____

TO: MO/YR _____

TOTAL HOURS PER WEEK: _____

TOTAL HOURS PER YEAR: _____

DETAIL OF WORK PERFORMED: _____

MAY WE CONTACT THIS EMPLOYER: Yes No

Board Members Denying Application _____

(please initial)

Date: _____

Reason for Denial:



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
(207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

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

Please complete the applicant information section and return it to the Electricians' Examining Board with your completed application and supporting documentation as may be necessary.

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. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification 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.



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PHONE: (207)624-8629
(Office Phone)

FAX: (207)624-8637

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



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)



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