

# APPLICATION FOR LICENSE

## HELPER



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](mailto:nanette.s.wescott@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

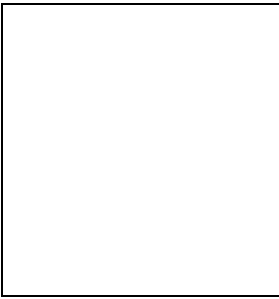
## Helper

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

- License application and payment for \$45.00
- Criminal History Record Check application and **SEPARATE** payment for \$8.00. Criminal History Record Checks cannot be paid for by Visa or MasterCard.

Incomplete applications will be returned.

# HELPERS 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: _____	
Cash #: _____	
<b>4220-1446</b>	<b>\$25.00</b>
<b>4220-1433</b>	<b>\$20.00</b>

LICENSE FEE:	\$20.00
APPLICATION FEE:	<u>\$25.00</u>
TOTAL DUE:	\$45.00
<b>MAKE CHECK PAYABLE TO: TREASURER STATE OF MAINE</b>	

**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.

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Have you ever held any type of Electrician's license in this state? Yes No  
If yes, please specify state, type of license, license number and when license was issued.

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**EMPLOYMENT RECORD:** (Optional) Please furnish a record of employment you have had as an ELECTRICIAN. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

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: \_\_\_\_\_

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**CERTIFICATE OF EMPLOYMENT (Optional)**

Name of Supervising Master, Limited or Journeyman:

License Number:

Signature of Master, Limited or Journeyman:

Date of Employment:

**OR IF FULL TIME STUDENT IN ELECTRICAL VOCATIONAL-TECHNICAL CENTER, A MAINE VOCATIONAL REGION, OR A VOCATIONAL TECHNICAL INSTITUTE:**

Signature of Instructor:

License Number:

Name of Vocational School:



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

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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.

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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