

APPLICATION FOR TEMPORARY PERMIT PLANT OPERATORS AND DELIVERY TECHNICIANS



Department of Professional and Financial Regulation
Office of Licensing and Registration

PROPANE AND NATURAL GAS 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

Temporary Permit – Plant Operators and Delivery Technicians

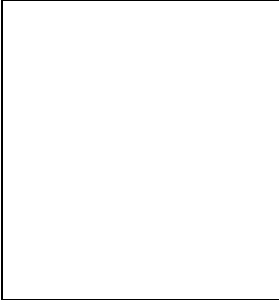
COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Permit application and payment for \$70.00
- 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.

PLEASE NOTE: AN APPLICANT FOR A TEMPORARY PERMIT MUST REGISTER WITH THE BOARD WITHIN 90 DAYS OF HIRE AND BECOME LICENSED WITHIN ONE YEAR OF HIRE.

TEMPORARY PERMIT FOR PLANT OPERATORS AND DELIVERY TECHNICIANS



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
PROPANE AND NATURAL GAS 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 #: _____	
License #: _____	
Date Issued: _____	
4510-1446	\$ 20.00
4510-1423	\$ 50.00

APPLICATION FEE: \$20.00 (non-refundable)
PERMIT FEE: \$50.00
TOTAL DUE: \$70.00

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	

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.

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.

Signature of Applicant

Date

AFFIDAVIT

I hereby certify that _____ has received job function training
(Name of Applicant)

specific to: Bulk Plant Operators
 Delivery Technicians.

Date

Signature of Owner/Operator

Owner/Operator Name Typed or Printed

Company Name



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
Propane and Natural Gas 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 Propane and Natural Gas 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
PROPANE AND NATURAL GAS BOARD
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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: ____/____/____

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(Office Phone)



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