

# **APPLICATION FOR LICENSE COMPANY**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

## **PLUMBERS' EXAMINING BOARD**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8627  
Hearing Impaired: (207) 624-8563  
e-mail: [sandra.a.leach@state.me.us](mailto:sandra.a.leach@state.me.us)

Office located at: 122 Northern Avenue, Gardiner, Maine

# **APPLICATION INSTRUCTIONS**

## **License – Company**

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

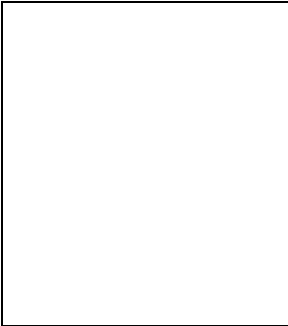
- License application and payment for \$175.00

Incomplete applications will be returned.

**QUALIFICATIONS** – A Company license is not required; however, any Master Plumber that wants to license a Company may do so. A licensed Master Plumber must be the validating Master in order for a Company license to be issued.

A company license will be terminated 30 days from the date of death or severance of the licensed Master Plumber in whose name the company license is held, unless the company applies for reissuance of said license in the name of another licensed Master Plumber.

# COMPANY LICENSE APPLICATION



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
 OFFICE OF LICENSING AND REGISTRATION  
**PLUMBERS' EXAMINING BOARD**  
 35 STATE HOUSE STATION  
 AUGUSTA, ME 04333  
 TEL: (207)624-8627 FAX: (207)624-8637  
 HEARING IMPAIRED: (207)624-8563

Office Use Only
Cash #: _____
Date Issued: _____
Lic. #: _____
<b>4460-1446 \$ 25.00</b>
<b>4460-1421 \$ 150.00</b>

APPLICATION FEE:	\$ 25.00 (non-refundable)
LICENSE FEE:	<u>\$150.00</u>
TOTAL DUE:	\$175.00
<b>MAKE CHECK PAYABLE TO: TREASURER STATE OF MAINE</b>	

**Federal ID Number/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 Firm/Corporation or Partnership:		
Mailing Address of Firm/Corporation or Partnership:		
City:	State:	Zip Code:
County:	Home Telephone: (____) _____ - _____	
	Work Telephone: (____) _____ - _____	

### MASTER PLUMBER VALIDATING LICENSE

Name of Master Plumber:	License Number:	
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
Work Telephone: (____) _____ - _____	Home Telephone: (____) _____ - _____	

IS THIS A FIRM? Yes No  
IF YES, ARE YOU A MEMBER OR AN EMPLOYEE? \_\_\_\_\_

IS THIS A CORPORATION? Yes No  
IF YES, ARE YOU AN OFFICER OR AN EMPLOYEE? \_\_\_\_\_

IS THIS A PARTNERSHIP? Yes No  
IF YES, ARE YOU A MEMBER OR AN EMPLOYEE? \_\_\_\_\_

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 Master Plumber

\_\_\_\_\_  
Date



ANGUS S. KING, JR.  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**PLUMBERS' 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)624-8627  
(Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637