

# APPLICATION FOR LICENSE

## RECIPROCITY



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 – Reciprocity**

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

- License application and payment as follows:
  - Master - \$175.00 = \$25.00 Application Fee, \$150.00 License Fee
  - Journeyman - \$100.00 = \$25.00 Application Fee, \$75.00 License Fee
- A certified statement of your license from the State licensing board in which you are currently licensed

Incomplete applications will be returned.

**RECIPROCITY REQUIREMENTS** – The Plumbers' Examining Board may enter into reciprocal agreements with other states, provided that the Board finds that the standards and conditions for licensure of plumbers for the other state are at least equal to those of this Board and the State of Maine pursuant to 32 M.R.S.A. §3403-A.

Any person licensed by reciprocity must comply with Maine statutes and rules governing plumbing while engaged in plumbing in the State of Maine.

# RECIPROCAL 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 Approved: \_\_\_\_\_

Date Issued: \_\_\_\_\_

License #: \_\_\_\_\_

**4460-1446 \$ 25.00**

**4460-1421 \$150.00**

**4460-1422 \$ 75.00**

APPLICATION FEE: \$ 25.00 (non-refundable)  
 LICENSE FEE (check one):  Master: \$150.00  Journeyman: \$75.00

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.

\_\_\_\_\_  
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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Do you or have you ever held any type of Plumbing license in this state?  YES  NO

If yes, please specify year, number and type. \_\_\_\_\_

I received my license by:  Grandfather's Clause  Examination

Date of Grandfathering/Examination \_\_\_\_\_

Type of Examination:  Master  Journeyman

Examination administered by:  State of \_\_\_\_\_  
 Experiior \_\_\_\_\_  
 Other \_\_\_\_\_

**REFERENCES:** Give below the name and address of three references, either a master or a journeyman plumber who can certify your reliability and quality of work as a plumber.

MASTER Or JOURNEYMAN	_____	_____	_____
	Name	Address	Telephone
MASTER Or JOURNEYMAN	_____	_____	_____
	Name	Address	Telephone
MASTER Or JOURNEYMAN	_____	_____	_____
	Name	Address	Telephone



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)



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(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637