



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF LICENSING & REGISTRATION  
**MANUFACTURED HOUSING BOARD**  
 35 STATE HOUSE STATION

AUGUSTA, MAINE  
 04333-0035

Office Phone (207) 624-8612  
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Paul R. LePage  
 GOVERNOR

TTY/HEARING IMPAIRED (888) 577-6690

Anne L. Head  
 DIRECTOR

**APPLICATION FOR STATE OF MAINE WARRANTY SEALS**

**Note: Only one plant per application.**

1. Name of Manufacturer \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Plant Name \_\_\_\_\_

Plant Address \_\_\_\_\_  
 \_\_\_\_\_

2. Number of Warranty Seals Requested

\_\_\_\_\_ Seals x \$200 per seal      \$\_\_\_\_\_ Total Amount Due

Check or Money Order made Payable to: **MAINE STATE TREASURER**

This form may be reproduced as needed.

**FOR OFFICE USE ONLY**

Amount Received: \_\_\_\_\_ Check Number: \_\_\_\_\_

Cash Number: \_\_\_\_\_ Deposit Code: **43602632**

Number of Seals Issued: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Seal Numbers Issued: \_\_\_\_\_ through \_\_\_\_\_

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration  
 To charge my  Visa  MasterCard \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of \$\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_