



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF LICENSING & REGISTRATION  
 PLUMBERS' EXAMINING BOARD  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

JOHN ELIAS BALDACCI  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**NOTIFICATION OF MASTER SUPERVISION / NON-SUPERVISION**

Name of Master:	
License #: _____	Home Telephone: (____)____-____ Work Telephone: (____)____-____
Name and Address of Company:	

Name and Address of Trainee/Journeyman:
License #:

I hereby certify that as of (date) \_\_\_\_\_, I  am  am not providing supervision to the above named individual.

\_\_\_\_\_  
 (Master signature)

\_\_\_\_\_  
 (Date)



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PHONE: (207)624-8627 (Voice)

FAX: (207)624-8636

1-888-577-6690 (TTY)  
 OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
 GARDINER, MAINE