



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
LICENSE VERIFICATION REQUEST**

REQUESTOR'S INFORMATION (please print)

FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
COMPANY			
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # (    )		FAX # (    )	
EMAIL			
<b>SIGNATURE</b>		<b>DATE</b>	

**Board of Complementary Health Care Providers  
License Verification Request  
Required Fees: \$25.00**

\$25.00 per verification

\_\_\_\_\_ Number of Verifications Requested

**Office Use Only:**

4450    2685- \$25.00

**Office Use Only:**

Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_

LICENSEE INFORMATION — This form may be used for single or multiple license verifications.

NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
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NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:
NAME:	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	LICENSE #:

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD	
the following amount: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	

**ADDRESS TO SEND LICENSE VERIFICATION FOR***LICENSEE NAME*

STATE BOARD/ CREDENTIALING COMPANY		
CONTACT PERSON		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE (    )	FAX (    )	EMAIL

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STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **How long does it take to process an application?** License Verifications are processed within 7—10 business days of being received.

**Before you seal the envelope, did you:**

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.