



**State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation**

COMPANY LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Door-to-Door Home Repair Seller Program
Required Fee: \$51. (includes criminal records check fee)

INSERT RECENT PHOTO	COMPANY NAME (if applicable) or D/B/A: _____ _____	Office Use Only: 1421 - \$30. 2619 - \$21.
	LICENSE TYPE: <input type="checkbox"/> DOOR-TO-DOOR HOME REPAIR SELLER (DD1421)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____

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 & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

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
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

What if I have other questions? Visit our website at: http://www.maine.gov/pfr/professionallicensing/professions/door_to_door/ or contact Marlene McFadden, Office Specialist I, Tel. 207/624-8624, e-mail: Marlene.M.McFadden@Maine.gov

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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 MRSA §191.

Before you seal the envelope, did you:

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

ADDITIONAL INFORMATION

Residential Address:

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail: _____ @ _____

Phone: _____

Permanent Place of Business Address:

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail: _____ @ _____

Phone: _____

Any other company names you have conducted business under:

Towns where you have conducted business:

Description of Business:

All Employees:

Name: _____

Address: _____

Date of Birth: _____ Social Security #: _____

Name: _____

Address: _____

Date of Birth: _____ Social Security #: _____

Name: _____

Address: _____

Date of Birth: _____ Social Security #: _____

CONVICTIONS AND LAWSUITS

Describe all civil judgments or criminal convictions secured or outstanding against you or your business that arose out of home repair services during the past four years:

Describe all criminal and civil suits pending against you or your business that arose out of home repair services, ever.

Describe all criminal convictions and criminal suits pending against you or your business for theft, ever.

Note: You are required to promptly notify our office of all changes in, or additions to, the information requested in this section.

Please read the laws governing the licensure and practice of Door-to-Door Home Repair Sellers prior to submitting your application. These are available at the following website: http://www.maine.gov/pfr/professionallicensing/professions/door_to_door/laws.htm.

SCOPE

"Door-to-door sales" means the solicitation or sale of home repair services by a home repair seller or the seller's employees to a consumer as a result of, or in connection with, the seller's or the employee's direct contact accomplished by means of a personal visit to the consumer, other than at the seller's place of business, without the consumer soliciting the initial contact. An "employee" means an independent contractor and/or person working for a salary or commission and who is affiliated with the home repair seller company.

The law pertaining to "Door-to-Door Home Repair Transient Sellers" (32 M.R.S.A. Sections 14501 through 14513) regulates transient sellers of home repair services who solicit door-to-door or by phone, and who do not have a permanent place of business in the municipality in which the customer resides. Transient home repair sellers include, but are not limited to, persons who pave or seal driveways, repair chimneys or roofs, trim trees, or perform other home repairs or improvements. A contract permitting the consumer to withdraw from the agreement within three days from the date of sale is required (32 M.R.S.A. Section 4664). The content of contracts involving home construction work is additionally governed by another law (10 M.R.S.A. Section 1487), whose requirements would be met through the use of the sample contract included in this packet: "Door-to-Door Transient Seller of Home Repair Services Contract."

EXEMPTIONS

Exemptions to this statute include:

New homes. This regulation does not apply to the original construction of a single-family or multifamily residence.

Sales amount. This regulation does not apply to home repair services for which the gross sales price, including any interest or carrying charges, is less than \$25.

CONTRACTS

All contracts must adhere to the following:

- the laws governing consumer sales;
- transient sales statutes (transient vendor);
- statutes governing home solicitation sales; and
- laws governing home construction contracts.

LICENSURE AND RENEWAL

Sellers of Door-to-Door Home Repair Services must be licensed with the Department of Professional and Financial Regulation in order to perform work in any municipality where they do not have a permanent place of business, and they must renew this license by **October 31 of each year**. The name of the company, name of the seller and license number should all appear on the contract to perform services. Failure to be licensed or to reveal the license number can be an unfair trade practice and a Class E crime (or Class D crime if the violation was intentional). Note: Those who solicit repair work from only municipal or state governments are exempt from the licensure requirement.

SAMPLE CONTRACTS

Contracts meeting the statutory requirements are available for your use, and they can be downloaded at this website: http://www.maine.gov/pfr/professionallicensing/professions/door_to_door/publications.htm