

# CHANGE OF LIMITED OPERATOR APPLICATION

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

## MAINE FUEL BOARD

35 State House Station, Augusta, ME 04333  
Tel. (207)624-8627, Fax (207)624-8636  
Maine Relay 711 (TTY)

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE DISPENSING STATION OWNER TO ENSURE THAT LIMITED OPERATORS ARE REGISTERED WITHIN 14 DAYS OF HIRE IN ORDER TO DISPENSE PROPANE. OPERATOR TRAINING SHALL OCCUR ON AN ANNUAL BASIS.

<b>LIMITED OPERATOR INFORMATION</b> (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	DATE OF HIRE	
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 and Occupational Regulation will rely upon this information and that this information is truthful and factual.			
<b>SIGNATURE</b>		<b>DATE</b>	

<b>DISPENSING STATION INFORMATION</b> (please print)			
NAME OF FACILITY			
MAILING ADDRESS OF FACILITY			
CITY	STATE	ZIP	COUNTY
DISPENSING STATION LICENSE #			

**IF YOU ARE CURRENTLY LICENSED AS A PLANT OPERATOR AND/OR DELIVERY TECHNICIAN YOU DO NOT NEED TO COMPLETE THE FOLLOWING AFFIDAVIT.**

I am currently licensed as a:  Plant Operator  Delivery Technician — License #: \_\_\_\_\_

### AFFIDAVIT

I hereby certify that \_\_\_\_\_ has  
(Name of Limited Operator)  
been properly trained as the Limited Operator in accordance with 32 MRS §18142(2)(B).

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

\_\_\_\_\_  
Signature of Limited Operator

\_\_\_\_\_  
Facility Name Typed or Printed

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

\_\_\_\_\_  
Signature of Training Representative

\_\_\_\_\_  
Training Representative Name Typed or Printed

\_\_\_\_\_  
Company Name of Owner of the Filling Equipment