



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**BUREAU OF INSURANCE**  
34 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0034

## Maine Bureau of Insurance

### Duplicate License Request Form

**Name** (Individual or Business Entity): \_\_\_\_\_

FEIN/Social Security #	Maine License #	E-Mail Address:
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**Business Mailing Address** (for Business Entity or Individual changes)

**Note:** Business addresses are displayed on the Internet.

Business Name				
PO Box	Business Street Mailing Address			
City	State	Zip Code	Business Phone Number	

**Individual Home Mailing Address**

PO Box	Street Mailing Address			
City	State	Zip Code	Home Phone Number	

**Duplicate license fee is \$10.** Please allow up to three weeks for license to arrive in the mail.

If paying by check, please make checks payable to: Treasurer, State of Maine.

If paying by credit card, please submit the credit card authorization form.

**Name** (Person Completing this form): \_\_\_\_\_

**Phone #:** \_\_\_\_\_

If you have any questions, please contact: Ann Tarr (207)624-8475  
Return Form & Fees to: Maine Bureau of Insurance  
34 State House Station  
Augusta ME 04333-0034  
Fax: 207-624-8599

Revised 6/12



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OFFICES LOCATED AT 76 NORTHERN AVENUE, GARDINER, MAINE 04345  
[www.maine.gov/insurance](http://www.maine.gov/insurance)

Phone: (207) 624-8475 (Office)

TTY: 1-888-577-6690

Customer Complaint (800) 300-5000

Fax: (207) 624-8599

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**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. Payment through credit cards will not be processed without this authorization form. Please print or type clearly.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):

Purpose of Payment:

Name of Cardholder:

Contact persons phone #, if questions with this form.

Telephone #: (       )       -      

Mailing Address:

City:

State:

Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my: (please check one)

☐ Visa    ☐ MasterCard    ☐ Discover \_\_\_\_\_  
(Card number)

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$\_\_\_\_\_  
(month) (year)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(must be signed by authorized person to validate)

Form is available on our website: [www.maine.gov/insurance](http://www.maine.gov/insurance)

You may fax the form to: 207-624-8599 or e-mail to [Insurance.pfr@maine.gov](mailto:Insurance.pfr@maine.gov)