APPLICATION FOR EXAMINATION

1ST CLASS ENGINEER, 2ND CLASS ENGINEER, 3RD CLASS ENGINEER, 4TH CLASS ENGINEER, HIGH PRESSURE BOILER OPERATOR LOW PRESSURE BOILER OPERATOR



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF BOILERS AND PRESSURE VESSELS

35 State House Station Augusta, ME 04333-0035

Office Telephone: (207)624-8606
Hearing Impaired: (207) 624-8563

e-mail: mary.b.breton@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

1ST Class Engineer, 2nd Class Engineer,
 3rd Class Engineer, 4th Class Engineer,
 High Pressure Boiler Operator
 Low Pressure Boiler Operator

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- Examination application and payment for \$50.00
- Criminal History Record Check application and SEPARATE payment for \$8.00. Criminal History Record Checks cannot be paid for by Visa or MasterCard.

Incomplete applications will be returned.

EXAMINATION INFORMATION – All applications must be received by the Board office no later than the last day of the month prior to the examination date applying for.

The Board will send an admission letter to each approved candidate prior to the examination date. The admission letter will show the specific date, time, and location of the exam.

For further information, please refer to the Bulletin of Information.

BULLETIN OF INFORMATION

LICENSES REQUIRED

The following licenses are required by the Board of Boilers and Pressure Vessels for persons working in the industry.

- Boiler Inspector
- Low Pressure Boiler Operator
- High Pressure Boiler Operator
- Stationary Steam Engineer

First Class

Second Class

Third Class

Fourth Class

- High Pressure Boiler Operator Training Permit
- Welders Certification

Eligibility to take a license qualification exam is determined by the Board of Boilers and Pressure Vessels of the State of Maine and the Department of Professional and Financial Regulation.

ELIGIBILITY REQUIREMENTS

BOILER OPERATOR (LOW PRESSURE)

The holder of a Low Pressure Boiler Operator's license may operate a heating plant with steam boilers not exceeding 15 psi or hot water supply boilers not exceeding 160 psi or 250 degrees, or both.

BOILER OPERATOR (HIGH PRESSURE)

An applicant shall have six months experience as a high pressure boiler operator under a training permit issued by the Board of Boiler Rules.

Satisfactory completion of a high pressure boiler operator's technical training course approved by the Board shall be considered three months experience. The holder of a high pressure boiler operator license may operate a boiler up to the capacity of the license of the engineer in charge and supervise a plant of not more than 20,000 lbs/hr.

<u>HIGH PRESSURE BOILER OPERATOR'S</u> TRAINING PERMIT

A High Pressure Boiler Operator Trainee must apply for a permit to gain experience under the supervision of a high pressure boiler operator or engineer in charge prior to applying for the high pressure boiler operator examination.

A High Pressure Boiler Operator Training Permit shall be limited to a specific plant, remains valid for one year and shall not be extended or renewed.

FOURTH CLASS ENGINEER'S LICENSE

An applicant must have one year operating experience as a holder of a high pressure boiler operator license.

An applicant must be a high school graduate or have equivalent education.

One year of schooling in the field of boiler operation in a school approved by the Board is equivalent to six months operating experience.

The holder of a Fourth Class Engineer's license may operate a boiler up to the capacity of the license of the engineer in charge and supervise a plant of not more than 50,000 lbs/hr.

THIRD CLASS ENGINEER'S LICENSE

An applicant must have one year operating experience as a holder of a Fourth Class Engineer license.

An applicant must be a high school graduate or have equivalent education.

One year of schooling in the field of boiler operation in a school approved by the Board is equivalent to six months operating experience.

The holder of a Third Class Engineer's License may operate a boiler up to the capacity of the license of the engineer in charge and supervise a plant of not more than 100,000 lbs/hr.

SECOND CLASS ENGINEER'S LICENSE

An applicant must have two years operating experience as a holder of a Third Class Engineer license.

An applicant must be a high school graduate or have equivalent education.

One year of schooling in the field of boiler operation in a school approved by the Board is equivalent to six months operating experience.

The holder of a Second Class Engineer's License may operate a boiler up to the capacity of the license of the engineer in charge and supervise a plant of not more than 200,000 lbs/hr.

FIRST CLASS ENGINEER'S LICENSE

An applicant must have two years operating experience as a holder of a Second Class Engineer license.

An applicant must be a high school graduate or have equivalent education.

One year of schooling in the field of boiler operation in a school approved by the Board is equivalent to six months operating experience. The holder of a First Class Engineer's License may operate, supervise or have charge of a plant of unlimited steam capacity.

WELDERS CERTIFICATION

A Maine welder certificate of authority shall be issued to welders who have successfully passed a performance qualification examination and a written examination to permit the welder to make routine welded repairs.

Testing of welders for the purpose of obtaining a certificate of authority shall be done at a facility, which has been accredited and certified by the AWS certified welder program and approved by the Board.

Performance qualification tests shall be performed to welding procedures approved by the Chief Inspector.

At the time of a welder's initial qualification test and at the time of any subsequent qualification tests to a different Welding Procedure Specification, a written examination based on the Welding Procedure Specification and welding variables and other items deemed necessary will be given.

Visual examination and mechanical bend tests of the welder's coupons shall be conducted by the test supervisor according to the requirements of ASME Section-IX.

The test supervisor shall verify the test results, document on the prescribed form, and submit these findings to the Chief Inspector.

BOILER INSPECTOR

For information, contact the Chief Boiler Inspector.

QUALIFICATION MAINTENANCE FOR A MAINE WELDER CERTIFICATE OF AUTHORITY

The Maine Welder Certificate of Authority shall be issued to a welder for a period of six (6) months.

Based on the welder's continuity on the particular welding process, the certificate may be renewed for additional six (6) month periods up to a total period of three (3) years.

At the end of three (3) years, a welder shall be retested and, upon satisfactory completion, a new certificate will be issued.

EXAMINATION DATES, DEADLINES AND LOCATIONS

Examinations will be administered on the third Wednesday each March, June, September, and December. The Board must receive applications for examination together with the examination fee no later than the last day of the month prior to the examination.

FEES

The following fees apply:

Examination fee:

Boiler Operator
High Pressure \$50.00
Low Pressure \$50.00
Stationary Steam Engineer
First Class \$50.00
Second Class \$50.00
Third Class \$50.00
Fourth Class \$50.00

The following licenses will be issued for a three-year period:

Boiler Inspector	\$150.00
Boiler Operator	
High Pressure	\$100.00
Low Pressure	\$ 30.00
Stationary Steam Eng	gineer
First Class	\$100.00
Second Class	\$100.00
Third Class	\$100.00
Fourth Class	\$100.00

The following licenses will be issued for a oneyear period:

Boiler Operator's Training Permit \$10.00

The following licenses will be issued for a period of six months:

Welders Certificate of Authority \$10.00

Candidates who fail the examination will need to pay the examination fee listed to retake the exam.

Candidates who pass the examination will be mailed a notification with a portion to be completed and returned to the Board office with the applicable license fee.

ADA CANDIDATES

Whenever a candidate has a disability falling within the guidelines of "Americans with Disabilities Act," the Board will make accommodations and provide a proctor for the candidate for administration of an examination.

Candidates requiring special accommodations shall submit a letter from a physician documenting the disability at the time the examination application is submitted.

ADMISSION TO THE EXAM

The Board will send an admission letter to each candidate approximately ten (10) days preceding the exam. The admission letter will show the name of the exam requested by the candidate, the specific date, time, and location of the exam. Only pre-registered candidates will be admitted to the exam. No walk-in candidates will be admitted.

Candidates not appearing for their scheduled exam <u>forfeit all examination fees if prior notice</u> not given.

If you lose your admission letter, or have not received an admission letter five days before the exam date, **contact the Board at 207/624-8606**. Please notify the Board of any change of address.

WHAT TO BRING TO THE EXAM

Be sure to bring your admission letter and a photo identification (such as a driver's license).

Please bring at least two #2 pencils with erasers for marking your answer sheet.

DESCRIPTION OF THE EXAM

All exams are multiple-choice format.

Time # of (hours) Questions

Boiler Operator

All Grades 3 100

Stationary Steam Engineer

All Grades 3 100

SCORE INFORMATION

Your score will be based on the number of questions you answer correctly. You will not be given credit for any question that has been answered incorrectly, left blank, or marked with more than one answer. Be sure to mark an answer for each question. There is no penalty for guessing.

A minimum score of 70% is required to pass your examination. A result letter will be mailed to you approximately two weeks after the exam date. All result letters will be mailed simultaneously. The letters will provide you with information on licensing and re-testing.

REFERENCE MATERIALS

Low Pressure Boiler Operators

Low Pressure Boilers, 3rd Edition Low Pressure Boilers Workbook, 3rd Edition American Technical Publishers, Inc. Homewood, IL 60430 ISBN: 0-8269-4412-4

Boiler Operator's Guide, 3rd Edition

Anthony L. Kohan, Harry M. Spring McGraw-Hill, Inc. 11 West 19th Street New York, NY 10011 ISBN: 0-07-035697-1

High Pressure Boiler Operators

High Pressure Boilers, 2nd Edition

Frederick Steingress American Technical Publishers, Inc. Homewood, IL 60430 ISBN: 0-8269-4415-9

Boiler Operations, Questions and Answers

P. Chattopadhyay McGraw-Hill, Inc. 11 West 19th St New York, NY 10011 ISBN: 0-07-460296-9

The ASME Code Simplified

Dyer E Carroll
McGraw-Hill, Inc.
Edited by S.C. Stultz & J.B. Kitto
Babcock and Wilcox
Barberton, OH 44203-0351
ISBN: 0-9634570-0-4

Stationary Steam Engineers

Stationary Engineering, 2nd Edition Frederick M. Steingress

Harold J. Frost American Technical Publishers, Inc. Homewood, IL 60430

Steam – It's Generation and Use, 40th Edition

Edited by S.C. Stultz & J.B. Kitto Babcock and Wilcox Barberton, OH 44203-0351 ISBN: 0-9634570-0-4

Boiler Operator's Exam – Preparation Guide

Theodore B. Sauselein McGraw-Hill, Inc. 11 West 19th Street New York, NY 10011 ISBN: 0-07-057968-7 ASME Code
Section I – Power Boilers
Section IV – Recommended rules for care and operation of heating boilers
Section VI – Guidelines for care of

power boilers

ASME Order Department 22 Law Drive P.O. Box 2900 Fairfield, NJ 07007-2900 Telephone: 1-800-843-2763 or 201/882-1167

EXAMINATION APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF BOILERS AND PRESSURE VESSELS
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8606 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563

Office Use Only Ck # _ Amount: Cash #: _ Exam Date: _ Score: __ Exam Fee: \$50.00 520-1447

4-8637 HEARING IMPAIRED: (207)624-8563

EXAMINATION FEE DUE: \$50.00 CHECK PAYABLE TO: TREASURER, STATE OF MAINE

EXAMINATION APPLYING FOR: (CHECK ONE)

			,		
☐ LOW PRESSURE BOIL☐ 4TH CLASS ENGINEED☐ 2ND CLASS ENGINEED	CLASS ENGINEER		☐ HIGH PRESSURE BOILER OPERATOR☐ 3RD CLASS ENGINEER☐ 1ST CLASS ENGINEER		
Solicitation of your social security number is solel reform act of 1976 (42 U.S.C. Section 405(C)(2)(C) agent for use in determining filing obligations an of your social security number and it shall be treated	ly for tax administr (2)(I)). Your social s d tax liability pursu ted as confidential	ration purposes pursuant to security number will be dis uant to Title 36 of the Main tax information pursuant	are of your social security number is mandatory of 36 M.R.S.A. Section 175 as authorized by the tax closed to the State Tax Assessor or an authorized ne Revised Statutes. No further use will be made to 36 M.R.S.A. Section 191.		
NOTE: INCOMP		ICATIONS WILL	DE RETURNED.		
Name of applicant:					
Mailing Address of applicant:					
City:	State:		Zip Code:		
County:					
	VVOI	rk relephone: ()		
Date of Birth://		Sex: ☐ Male ☐	Female		
Boiler Operator Permit Held: 🗖 Y	YES□NO]	Expiration Date: _			
Do you currently hold a Boiler Op □ YES □ NO	perator's Lice	ense or Stationary	Steam Engineer's License?		
If yes, State:	Grade:		License #:		
Expiration Date:					

Have you ever been convicted of a crime of the second of t	nd submit a copy of	the court $judgment(s)$ as well
Describe your experience which qualifies checked. Such experience shall be lim manipulation, supervision or being in a compliance with the Maine Boiler Rules and satisfies the experience time require	ited to the actual ope harge of such operation definition of "to operat	eration of boilers by observation, ons. This experience shall be in e", "supervise" or "have charge of"
PRESENT OR LAST EMPLOYER:		
COMPLETE ADDRESS:		
DATES OF EMPLOYMENT: FROM: N	10/YR	_ TO: MO/YR
TOTAL HOURS PER WEEK:	TOTAL HOURS PE	CR YEAR:
PLANT CAPACITY:	BOILER STEAM P	RESSURE:
DETAIL OF WORK PERFORMED:		
EMPLOYER:		
COMPLETE ADDRESS:		
DATES OF EMPLOYMENT: FROM: N	10/YR	_ TO: MO/YR
TOTAL HOURS PER WEEK:	TOTAL HOURS PE	CR YEAR:
PLANT CAPACITY:	BOILER STEAM P	RESSURE:
DETAIL OF WORK PERFORMED:		
I hereby certify that this application contains no given by me is true and complete to the best of me a license by fraud is guilty of a misdemeanor application must be signed in order to be presented.	y knowledge and belief. I u and may be punished by	inderstand that any person who procures
(Signature of Applicant)		(Date)
	gineer/Supervisor ense Number	(Date)
(OR Signature of Notary Public if No Employer)		(Date)



STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF LICENSING AND REGISTRATION

Board of Boilers and Pressure Vessels

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR. GOVERNOR

ANNE L. HEAD

TO: PROSPECTIVE APPLICANT

FROM: OFFICE OF LICENSING & REGISTRATION

RE: CRIMINAL RECORDS 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.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board of Boilers and Pressure Vessels with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.



PHONE: (207)624-8606 (Office Phone) FAX: (207)624-8637



STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF LICENSING AND REGISTRATION

Board of Boilers and Pressure Vessels

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.

ANNE L. HEAD

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00

Make checks payable to: Treasurer, State of Maine Submit this Application with License Application

APPLICANT INFORMATION

Name:				
Last	Firs	t	Middle	_
Address:				
Social Security/Federal I.D. #	:Date	e of Birth:		_
Any other names used:				
If you have already submitted this form to this office within the last six months, the \$8.00 fee is not required. However, please indicate to which licensing board you submitted this application:				
Please return the criminal history record information or a notice of no record to the following: REQUESTING AGENCY INFORMATION (Office Use Only)				
Aganay Nama & Addrass:	Office of Licensin	a and Pagiotratia		
Agency Name & Address:	Office of Licensing Board of Boilers a	-		
			sseis	
	35 State House Station			
	Augusta, Maine 04	+333-0035		
Contact Person:	Mary Breton	624-8606		

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

PHONE: (207)624-8606 (Office Phone)

(207)624-8653 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
MAINE



STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

OFFICE OF LICENSING AND REGISTRATION

BOARD OF BOILERS & PRESSURE VESSELS

35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

ANNE L. HEAD DIRECTOR





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 application. Payment through credit cards will not be processed without this authorization form.

Mailing Address	of applicant:	
(fees being pa		
City:	State:	Zip Code:
County:	Telepho	one #: ()
Name of cardhol		
Mailing Address:	: n applicant)	
(11 Ocher char	,	
City:	State:	Zip Code:
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City: uthorize the State of lensing and Registrate	State: Maine, Department of Profession to charge my:	
City: uthorize the State of I ensing and Registrat Visa Ma	State: Maine, Department of Profession to charge my:	onal and Financial Regulation, Office of Card number

PHONE: (207)624-8606 (Office Phone)



FAX: (207)624-8637

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name:			
Mailing Address:			
City:	State):	Zip Code:
Social Security #		Tolonbone #	
		reiepnone #	: (
ACCOMMODATIONS REQUES (CHECK ALL THAT APPLY) ACCESSIBLE TESTING SIT SEPARATE TESTING AREA	ГЕ		EXAMINATION.
□ BRAILLE			
☐ LARGE PRINT			
□ TAPE			
☐ READER AS ACCOMMODA	ATION FOR VISU	JAL IMPAIRMEN	Γ
☐ SCRIBE/AMANUENSIS AS	ACCOMMODAT	TION FOR VISUAL	OR MOTOR IMPAIRMENT
☐ READER AS ACCOMMODA	ATION FOR LEA	RNING DISABILI	ТҮ
☐ SCRIBE/ANANUESIS AS A	CCOMMODATIO	ON FOR LEARNIN	IG DISABILITY
☐ SIGN LANGUAGE INTERP	RETER		
☐ EXTENDED TIME			
□ TIME-AND-A-HALF			
□ DOUBLE TIME			
☐ MORE THAN DOUBLE TIM	E(SPECIFY):		
☐ USE OF COMPUTER OR O	THER ADAPTIV	E EQUIPMENT	
(SPECIFY):			
□ OTHER			
_			
COMMENTS:			
SIGNED:			DATE:

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR

ACCOMMODATION PROVIDED TO YOU IN SUCH DOCUMENTATION INSTEAD OF HAV		
I have known(test applicant)	since(date)	in my capacity as a
(professional title)		
The applicant has discussed with me the natu because of this applicant's disability, he/she (check all that apply)		
□ TAPED TEST		
☐ LARGE PRINT TEST		
□ READER		
□ SCRIBE/AMANUENSIS		
☐ EXTENDED TIME:		
☐ TIME-AND-A-HALF		
□ DOUBLE TIME		
☐ MORE THAN DOUBLE TIME (PLEASE JU	STIFY)	
☐ SEPARATE TESTING AREA		
☐ USE OF COMPUTER OR OTHER ADAPT	IVE EQUIPMENT (PLE	ASE SPECIFY):
OTHER (PLEASE SPECIFY):		
SIGNED:	TITLE:	

DATE: LICENSE # (if applicable):