Gerald R. Leach
Office of State Fire Marshal
45 Commerce Drive, Suite 1
52 State House Station
Augusta, Maine 04333-0052

207-626-3889 Phone 207-287-6251 Fax gerald.r.leach@maine.gov www.maine.gov/dps/fmo/home

Application / Renewal Form for

RESPONSIBLE MANAGING SUPERVISOR LICENSE

Complete this	form, then mail it to	the above address v	vith a check made o	ut to "Treasurer, Sta	te of Maine".
	nitial License (\$3	300)			
or Renewal License (\$30		se (\$300)	My Current (or Expired) License # is:		
Your RMS licen	se will expire 2 y	o is currently licer rears from the day endorsements as	y it is issued.		tain
Your Name the	e way that you w	ant it to appear	on your license:		
		ır license renewa			
Town:			State: Zip:		
The physical lo	ocation address	where you can b	e located if diffe	rent from addre	ss above:
Street:					
Town:			State:	Zip:	
Work Phon	e:		Fax:		
Email Addr	ess:				
	<u> </u>		Home Phone:		
	owing is required				_
Canadia	n P. Eng #		N.I.C.E.T. III	#	
Maine P.E. # N.I.C.E.T. IV #					٦
Other State P.E. # Which State(s)?					
The following i	nfo is standardly	posted to our w	ebsite list of cur		— ut
No-a	address	No-work ph	one	No-fax	
Please remen	nber to keep our offic	ce updated of any ch	anges in contact info	ormation!	
The area below is	to be filled in by the O	ffice of State Fire Mars	hal:		
Date Received	Fee Received	Check #	Date Issued	Expiration Date	Number Issued
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