STATE OF MAINE

MAINE STATE POLICE –WEAPONS AND PROFESSIONAL LICENSING

164 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0164

(207) 624-7216

Professional Investigator/Investigative Assistant Change of Address/Name or Replacement ID

Fee: $2.00 (Make Checks Payable to Treasurer, State of Maine)

FOR OFFICAL USE ONLY
Case Number:
Check Number:
Check Amount:
Date Issued/Denied:

Name: _____ _____ _____
(Last Name) (First Name) (MI)

_____
(Birth, Alias or Other Name used)

Complete Physical Address: _____

City: _____ State: _____ Zip: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone#: (_____)_____

Business Phone#: (_____)_____ Cell Phone#: (_____)_____

Eye Color: _____ Height: _____ Weight: _____

DOB: _____ Place of Birth: _____

SSN: _____ - ____ - _____

NOTE: This application and any supporting documentation are public records pursuant to 1 M.R.S. § 402(3), and, with the exception of portions identified as confidential by statute (e.g., social security numbers; mental health adjudications; college transcripts), may be disseminated in response to a request made pursuant to the Freedom of Access Act.

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 36 M.R.S. §175 as authorized by the Tax Reform Act of 1976 (42USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC §666(a)(13)(A) and 19-A M.R.S. §§2104, 2201. 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 and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It will be treated as confidential tax information pursuant to 36 M.R.S. §191 and confidential support enforcement information pursuant to 19-A M.R.S. §2152.

List all addresses since previous license was issued. (If more space is needed, use plain sheet of paper)

Address	Dates

Date Modified – 10/15; 08/20