



MARINE CONTRACTORS LICENSING BOARD

C/O MARYLAND DEPARTMENT OF THE ENVIRONMENT
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APPLICATION FOR MARYLAND MARINE CONTRACTORS LICENSE

Individual Applicant

PLEASE PRINT OR TYPE ALL INFORMATION

Note: This application form should be used for a person who is self-employed and will have no employees covered under the license Please refer to "Information for License Applicants" for details.

Section 1: APPLICANT INFORMATION

Was your business previously a Registered Marine Contractor in Maryland prior to 2017?

Yes No If yes, provide your registration number(s): _____

First Name _____ Last Name _____ M.I. _____

Trade Name / Business Name of entity: _____

Business Address: _____

Mailing Address (if different from Business Address): _____

Primary Phone No.: _____ Secondary or Cell Phone No.: _____

Email Address: _____

Representative Member Date of Birth ____/____/____

Representative Member Social Security Number ____-____-____

Section 2: BUSINESS INFORMATION

Federal Tax Identification Number: _____

I do not have a federal tax identification number.

Do you have commercial general liability insurance with a \$300,000 total aggregate minimum?

Yes No (Required for issuance and to maintain license)

Attach a copy of your certificate of insurance.

Do you have workers' compensation insurance? (If required) Yes No

Attach documentation for your workers compensation

If you are exempt from obtaining workers' compensation insurance, please indicate the reason:

ANSWER ALL QUESTIONS - AN INCOMPLETE APPLICATION WILL BE RETURNED.

1. Has your company ever had any business license (i.e. MHIC, Contractors License or equivalent) revoked, canceled or suspended in this or any other State?

Yes No If yes, which State?

License Number: _____

Reason for cancellation or suspension:

2. Have you or your company ever performed marine contracting services in another State?

Yes No

Indicate which State(s): _____

3. Are you or your company currently a licensed marine contractor in any other state?

Yes No If yes, attach a copy of the license(s) to this application.

4. How long have you (the representative) personally been engaged in the marine contracting profession?

Full Time: Years: _____ Months _____

Part Time: _____ Months Per Year For _____ Years

Please provide documentation of your two years of full-time or cumulative part-time marine contractor experience, please explain briefly any similar contractor experience that you consider relevant to marine contracting. The documentation should show the present or former marine contractor employment. Examples of documentation of your employment such as IRS W-2's, 1099 or K-1. Attach additional documents or explanation if necessary.

5. List the trade names to be used by your business while performing contracting services:

6. Please provide the name, telephone number, and complete address of the marine contracting company or corporation where you previously worked (if it is relevant to showing marine contracting experience).

7. Jurisdictions where you have experience providing Marine Contractor Services. (States or Maryland counties or cities)

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

8. List at least five (5) locations/sites where you have provided marine contractor services in Maryland or any other states in which your company operates. Please show the site owner name, site address, type of work performed and any state, federal or local permit numbers (if known). Be as specific as possible and attach additional pages if necessary.

1. _____
2. _____
3. _____
4. _____
5. _____

9. List below any training courses or specialized training attended in the last two years which are directly related to marine contracting (which further show your experience and training in the marine contracting trade)

I hereby affirm that this application contains no willful misrepresentations or falsifications and that the information given herein is true and complete to the best of my knowledge and belief. I will, if necessary, submit affidavits to substantiate character, education and practical experience claimed. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application may be disapproved, or my license, if already issued, may be revoked.

Please be advised under Environment Article Title 17-403 penalties may be assessed for any person who violates any provision of Title 17. Marine Contractors, or any regulation adopted under this title.

(Signature of Applicant)

(Printed Name of Applicant)

AFFIDAVIT

State _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Seal)

Notary Public

My Commission Expires _____

In accordance with Executive Order 01.01.1983-18, the Maryland Department of Environment advises you of the following policy regarding the collection of personal information.

Personal information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner with the licensee should the need arise. The licensee has a right to inspect her or his personal record and to amend or correct the personal data if necessary.

Personal information is generally available for inspection by the public only in accordance with the Maryland Public Information Act. Personal information is not routinely shared with state, federal or local governmental agencies.
