



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011

PAUL R. LEPAGE
GOVERNOR

BETHANY L. HAMM
ACTING COMMISSIONER

SUPPLIERS OF COMPRESSED AIR FOR BREATHING PURPOSES

APPLICATION FOR LICENSE

APPLICANT: _____
(Please print clearly)

COMPRESSOR LOCATION

NAME OF BUSINESS: _____

STREET: _____

CITY: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

APPLICANT'S MAILING ADDRESS

CONTACT NAME: _____

STREET: _____

CITY: _____

ZIP: _____

APPLICANT'S SIGNATURE: _____

Please include a current copy of an air quality test from an approved testing company.

**Licenses are renewed annually and expire March 31st*

**Make check or money order payable to: Treasurer State of Maine for \$10.00*

Please mail to: **Health Inspection Program**
286 Water St - 11 SHS
Augusta, ME 04333-0011

Please visit our website at : www.maine.gov/healthinspection

PHONE: (207) 287-5671

TTY USERS: Dial 711 (Maine Relay)

FAX: (207) 287-3165

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