State of Maine
Bureau of Motor Vehicles
Mobile Crusher Temporary Permit Application
(required if location is not a licensed recycler dealer in the State of Maine)

Please print and use blue or black ink only. **Mobile crusher license number: _____**

Legal business name: _____

DBA (if applicable): _____

Business physical address: _____
Street City/Town/State Zip

Business mailing address: _____
Street/PO Box City/Town/State Zip

Business phone number: _____ Business fax number: _____

Contact person: _____ Contact phone number: _____

Please indicate below the information about the location in which you are requesting a permit to conduct business.

Name of business and/or individual: _____

Physical address of location: _____
Street City/Town/State Zip

Contact person: _____ Contact phone number: _____

Start date: _____ End date: _____
Month Day Year Month Day Year

Mail request to: Secretary of State, Bureau of Motor Vehicles, Dealer Licensing, 101 Hospital Street, 29 State House Station, Augusta, ME, 04333 or you may fax the request to Dealer Licensing at (207) 624-9126.

If you have any questions, please contact Dealer Licensing at (207) 624-9000 ext. 52143.

The undersigned hereby certifies that all the information contained herein is true and correct to the best of my/our knowledge and belief. If representing a company, I further certify that I have been authorized by the company to sign on their behalf.

_____

Signature of authorized person **Printed name** **Official title** **Date**

MVD-371 Rev 01/2018