



Department of  
the Secretary of State  
**Bureau of Motor Vehicles**

**Mobile Crusher Temporary Permit Application**

Licensed recyclers: Permit only required if location is not a licensed recycler dealer in the State of Maine.

Non-licensed recyclers: May only crush at licensed recycler locations with permit.

**Please print and use blue or black ink only.**

**Recycler License Number:** \_\_\_\_\_

Legal business name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Business physical address: \_\_\_\_\_  
Street 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: \_\_\_\_\_

Application may be emailed to [DealerLicensing.BMV@Maine.gov](mailto:DealerLicensing.BMV@Maine.gov), faxed to: (207) 624-9126, or mailed to Secretary of State, BMV-Dealer Licensing, SHS #29, Augusta, ME 04333. 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