Jeanne M. Lambrew, Ph.D. 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 con *Licenses are renewed annually and expire March 31 st	ıpany.
*Make check or money order payable to: Treasurer State of Maine for \$ <u>10.00</u>	
Please mail to: Health Inspection Program 286 Water St Augusta, ME 04333-0011	

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

PHONE: (207) 287-5671

TTY USERS: Dial 711 (Maine Relay)

Revised HHE-635 7-14-21