



**Professional License  
 Disposal System Installer  
 Registered Title 5 Inspector  
 Remove & Transport Septage  
 Remove & Transport Refuse**

**Application from the Concord Board of Health**

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of Permit	Applicable Laws	Fee
<input type="radio"/> Disposal System Installer's License	310 CMR 15.019	\$125
<input type="radio"/> Permit to Remove & Transport Septage	310 CMR 15.502	\$125
<input type="radio"/> Registered Title 5 Inspector	Local Regulation	\$45
<input type="radio"/> Permit to Remove & Transport Refuse	MGL Ch. 111, s. 31A, BOH Reg	\$100
Check if you've included: <input type="radio"/> Insurance Certificate <input type="radio"/> Hoisting License		

I, the undersigned, hereby apply to the Concord Board of Health for the above-referenced permits in accordance with the listed applicable laws. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 By: Corporate Officer

\_\_\_\_\_  
 SS# or FID#

\_\_\_\_\_  
 Date of Application

Description of Vehicles						Office Use Only	
Plate #	Year	Make	Model	Body Type	Color	Inspection	Permit #

**Permit will not be issued unless certification clause is signed by applicant. Social Security Numbers will be furnished to Mass. Dept. Of Revenue to determine whether applicant has met tax filing or tax payment obligations. Licensees who fail to correct their non- filing delinquency will be subject to license suspension or revocation. This request is made in accordance with MGL Ch. 62C, s. 49A.**

**Please be advised that you must submit an update to date copy of Liability Insurance and Hoisting License Information**