



**TOWN OF MERRIMAC**  
**BOARD OF HEALTH**  
 2 School Street, Merrimac, MA 01860  
 Tel: 978-346-4066 Fax: 978-346-0527

**Annual Fee: \$125**  
 Payable to Town of Merrimac

**APPLICATION FOR DISPOSAL SYSTEM INSTALLER'S LICENSE**

I hereby apply for a Disposal System Installer's License as required by 310 CMR 15.019, Title 5, the State Environmental Code and the Regulations of the Board of Health.

Installer's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Installer's Mailing Address \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

Business Name \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

If you are not currently licensed, a passing score on the installer's exam is required. The exam is given by appointment. To be eligible for the exam, the applicant must have at least two years' experience under a licensed septic installer in Massachusetts (documentation must be provided) or have an installer's license from another municipality in Massachusetts.

**Copies of vehicle registration, heavy equipment operator's license, and proof of possession of at least \$100,000 general liability insurance must be submitted with all applications.** Copies of all other installer's licenses must be submitted with new installer's applications only.

The undersigned agrees that he has read and understands Title 5, the State Environmental Code and the Merrimac Board of Health Regulations and also agrees to abide by them. Also, the undersigned understands that any violation of Title 5 or the Merrimac Board of Health Regulations will be sufficient cause for revocation of the Disposal System Installer's Permit.

Installer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, CHAPTER 233, SECTION 35, ACTS OF 1983, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING:**

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all taxes required under law.

\_\_\_\_\_  
 SSN or Federal Identification Number

\_\_\_\_\_  
 Individual Signature or Corporate Name

\_\_\_\_\_  
 Signature of Corporate Officer (if applicable)

**License expires December 31.**