APPLICATION FOR SEPTAGE INSTALLER LICENSE 2022

In accordance with 310 CMR 15.019 (Title 5) the undersigned hereby applies for a license to install septic disposal systems in the Town of Carlisle during the calendar year of 2022.¹

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FEE: $200.00

A/I Installer Certification $50.00* Attach proof of certifications
Installer Exam $75
(Payable to Town of Carlisle and non-refundable)

PERMIT WILL EXPIRE DECEMBER 31, 2022

Signature of Applicant __________________________ Date __________

TAX CERTIFICATION

I certify that pursuant to MGL C. 62C s. 49A that to the best of my knowledge and belief, I have filed all state tax returns and paid all states required under law.

Signature of Individual or Corporate Officer __________________________ Date __________

Social Security Number (voluntary) or Federal Identification Number

¹ A renewal license will be issued if the applicant has satisfactorily performed septic installations work in the town within the previous twenty-four months. All other applicants must pass a written examination to be qualified.
² Workers' Compensation Insurance Affidavit required. Continue to reverse side.
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): ____________________________

Address: ____________________________

City/State/Zip: ____________________________  Phone #: ____________________________

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with ______ employees (full and/or part-time).*
   [No workers' comp. insurance required.]

2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
   [No workers' comp. insurance required.]

3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet.
   These sub-contractors have employees and have workers' comp. insurance.  

5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other ________________

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

☐ Homeowners who submit this affidavit indicating they are doing all work and they hire outside contractors must submit a new affidavit indicating such.

Contact Person: ____________________________  Phone #: ____________________________

☐ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: ____________________________

Policy # or Self-ins. Lic. #: ____________________________  Expiration Date: ____________________________

Job Site Address: ____________________________  City/State/Zip: ____________________________

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: ____________________________  Date: ____________________________

Phone #: ____________________________

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: ____________________________  Permit/License #: ____________________________

Issuing Authority (circle one):


Contact Person: ____________________________  Phone #: ____________________________