Town of Marshfield Board of Health 870 Moraine Street Marshfield, MA 02050 781-834-5558 fax 781-837-6047

## INSTALLER'S LICENSE APPLICATION

PLEASE PRINT
Fee: \$150.00
Company Name:
Owner's Name:
Installers Name:
Email Address:
Business Address:
Mailing Address:
Cell Phone/Business Phone:
REFERENCES: (NOT NECESSARY ON RENEWALS)  New Installers please attach copies of 3 current Installer's Licenses from other towns and list below.  Town(s) 1)
Please read and sign this statement:  "I have read and am familiar with the Town of Marshfield Rules and Regulations for the disposal of sanitary sewage, as well as the Title V State regulations for sewage disposal."
Signature
Date

Please complete attached Worker's Compensation Form.



## The Commonwealth of Massachusetts Department of Industrial Accidents

600 Washington Street, 7th Floor; Boston, Mass. 02111
Workers' Compensation Insurance Affidavit
Please PRINT legibly

Print name Phone #  official use only do not write in this area to be completed by city or town official  city or town: permit/license # Building Dec  Licensing H	Since and advanced of the Section of			name:
I am a sole proprietor and have no one working in any capacity   I am a sole proprietor and have no one working in any capacity   I am a sole proprietor and have no one working in any capacity   I am an employer providing workers' compensation for my employees working on this job.   Company name:				location:
I am a sole proprietor and have no one working in any capacity   I am an employer providing workers' compensation for my employees working on this job.   company name:   address:		ne#		
company name:  address: city:				
address: city: phone #:  insurance co. policy #  I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation polices:  company name:  address: city: phone #: insurance co. policy #  company name:  address: city: phone #: insurance co. policy #  Attach additional sheet if necessary Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties 1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of S gainst me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverification. I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.  Signature Date  Print name Phone #  official use only do not write in this area to be completed by city or town official			orkers' compensation for my employees working on t	☐ I am an employer providing work
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