



**FORM D**

**Professional License  
Disposal System Installer  
Registered Title V 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
o Disposal System Installer's License	310 CMR 15.019	\$100
o Permit to Remove & Transport Septage	310 CMR 15.502	\$100
o Registered Title V Inspector	Local Regulation	\$30
o Permit to Remove & Transport Refuse	MGL Ch. 111, s. 31A, BOH Reg	\$75

**(Please Complete Both Sides of This Form)**

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.

