



**Title 5 Inspector  
License Application**  
Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[www.acton-ma.gov](http://www.acton-ma.gov)  
[health@acton-ma.gov](mailto:health@acton-ma.gov)

**Form  
B-3**

**FEE: \$50.00 Annually**

INSPECTOR'S NAME: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**\*EMAIL: \_\_\_\_\_**  
(Used Only for Renewals)

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**\*YOU MUST ENCLOSE A COPY OF YOUR MASSACHUSETTS TITLE 5 INSPECTOR LICENSE \***  
**FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING RETURNED**

By signing below, I agree to abide by all applicable local and state regulations regarding the inspection of onsite wastewater systems.

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

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Signature of Individual \_\_\_\_\_ Date \_\_\_\_\_