



**Title 5 Inspector
License Application**

Acton Board of Health
Health Dept. Phone: 978-929-6632

www.acton-ma.gov
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)

***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.

Signature of Individual

Date