

**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF WILBRAHAM  
APPLICATION FOR SEPTIC INSTALLER'S LICENSE**

NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for DISPOSAL WORKS INSTALLER'S LICENSE is here by made by:

\_\_\_\_\_  
(Full name of person, firm or corporation making application)

\_\_\_\_\_  
(Give address by street number, Town, and Zip Code.)

\_\_\_\_\_  
(Phone number with Area Code)

State clearly the purpose for which the license is requested. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years have you been in business? \_\_\_\_\_

What City or Towns do you have a license in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken and successfully passed the "Septic Installer's Exam" for the Town of Wilbraham? \_\_\_\_\_

\_\_\_\_\_

Pursuant to M.G.L. Chapter 62C, Sec. 49A, I certify under the 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 or Corporate Representative

This license expires on December 31<sup>st</sup> of the same year that it was issued.

\_\_\_\_\_  
Approved by Edmond W. Miga, Jr. P.E.  
Director of Public Works