



**Tyngsborough Board of Health**

**Tyngsborough Town Hall  
25 Bryants Lane  
Tyngsborough, MA 01879  
Tel. 978 649-2300 Ext 118  
Fax: 978 649-2326**

**SEPTIC INSTALLER LICENSE APPLICATION**

**\$150.00**

**NAME:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

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

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**LICENSE HELD IN OTHER TOWNS:**

\_\_\_\_\_

\_\_\_\_\_

Pursuant to Massachusetts General Laws 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
SS# or Tax ID#

\$150.00 Yearly Fee

Please make checks payable to: TOWN OF TYNGSBOROUGH

Proof of Insurance must be included.

NOTE: New installers to Town of Tyngsborough must pass Tyngsborough Septic Installer Exam.