



Board of Health
Town of Alford
5 Alford Center Rd
Alford, MA 01230
Telephone : 413 717 8922
health@townofalford.org

Fee:
\$100 w/BCBOHA Cert, **or**
\$125 w/o BCBOHA Cert

Application for Annual Septic System Installer's License

Company Name: _____

Owner / Contact Name: _____

Mailing Address: _____

Facility Address: _____

Business Telephone: _____ Home Telephone: _____

Fax Number: _____ Federal ID/SS#: _____

Have you ever installed a subsurface disposal system? Yes: _____ No: _____

If yes list when and in what Town / States: _____

Are you a certified septic system installer? Yes: _____ No: _____

If yes, who issued your certification? _____

If partnership or corporation, list names, addresses, percentage of ownership, and/or class of stock held:

Signature of Applicant

Date

Application approved by

Date