

Town of Sudbury

Board of Health

Sudbury Health Department
275 Old Lancaster Road
Sudbury, MA 01776
978-440-5479
Health@sudbury.ma.us

Calendar Year 2025

To: Sudbury Septic Installers
RE: 2025 Septage Installer Permit Renewal

Our records indicate it is time to renew your current Septic Installer Permit that will expire December 31, 2024. Please read through the instructions and fill out the enclosed forms. The Sudbury Health Department will require submission of the following forms and applications in order to issue a 2025 Septic Installer Permit:

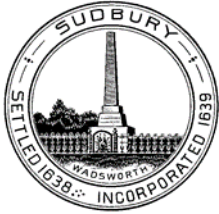
1. Sudbury Septic Installer permit fee is \$200. Please make check out to the *Town of Sudbury*
2. Completed Application
3. **Copy of current Massachusetts Hoisting License.**
4. Worker's Compensation Insurance Affidavit (enclosed)
5. Copy of Workers Compensation Insurance Declaration page.
6. Copy of Commercial Liability Insurance (\$1,000,000)
7. 2 Current Installer Permits from Massachusetts Municipalities.
8. 2 Referrals From Known Entities in the Industry (Municipalities, Contactors etc.)

Please note that operating without a permit or installing a system without approval will incur DOUBLE FEES as a citation fee. Submit completed applications and permit fees prior to starting new jobs in the 2025 calendar year.

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479. Thank you for your attention to this matter.

Sincerely,

Vivian Zeng
Health Director
Sudbury Board of Health



Sudbury Health Department
275 Old Lancaster Road
Sudbury, MA 01776
(978) 440-5479
Health@sudbury.ma.us

Fee: \$200	Expires: 12/31
Permit #:	

Application for Subsurface Waste Water Disposal System Installer License

Complete and remit this form with **\$200** fee (made out to: *Town of Sudbury*) to:

Sudbury Health Department
275 Old Lancaster Rd. Sudbury, MA 01776

New Application

Renewal

Business Name	
Business Address	
Business Phone	
24-hour Emergency Phone	
Mailing Address (if different from Business Address)	
Owner's Name	
Owner's Cell Phone	
Owner's Email	
Names of Persons Supervising Sewage Disposal Installations	

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

Federal Tax ID	
Owner's Signature	

New Installers

Installers who hold a current Installers license in at least three (3) other Massachusetts municipalities will be allowed to apply for a permit provided the following:

1. Copies of septic installer license 3 towns.
2. The licenses must be in the name of the installer who is applying.
3. A copy of a signed Certificate of Compliance in each of the Towns where the installer is licensed must be submitted. Those COC's must be signed by the Board of Health.
4. Copy of current Massachusetts Hoisting License
5. Copy of Commercial Liability Insurance (\$1,000,000)

List the three (3) Other Massachusetts Municipalities in which you are licensed to install subsurface disposal systems:

Municipality	License Number	Date License Expires

Please answer the following questions:

1. Have you ever held a permit in Sudbury in the past? _____
2. Has your permit to install septic systems in any town ever been revoked? _____
 - a. If yes, please explain the circumstances and indicate where it was revoked.

I understand that I must comply with the Board of Health regulations for subsurface disposal of sewage and Title V in the Town of Sudbury and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

I certify that the information I have provided above is true and accurate. I understand that as the licensed installer, I am responsible for all aspects of construction and am responsible for any persons allowed to perform work under my license.

The permitted Installer is not allowed to make any changes to an approved system design without direction and approval of the design engineer and the Sudbury Health Department. Doing so may result in citation fee and/or suspension of my installer's permit. By my signature below, I am certifying that I have read, understand and agree to follow the above procedures for installing septic systems in the Town of Sudbury.

Date

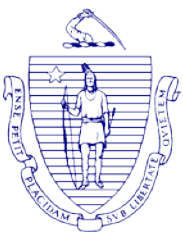
Signature

Printed Name, Title

Office Use Only:

Approved, Effective Date: _____ License #: _____ Fee Paid: _____

Denied, Comment: _____



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board
- 5. Selectmen's Office 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



Sudbury Board of Health Permit Fee Schedule

275 Old Lancaster Rd
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Permit/License	Fees
Animal Permits	
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• Chicken Coop (2-year)	\$50.00
Beaver Trapping Permit	\$50.00
Body Art	
Body Art Establishment	\$600.00
Body Art Practitioner	\$600.00
Body Art Apprentice	\$300.00
Camps	
Camps 1 Session	\$250.00
Camps 2 – 4 Sessions	\$300.00
Camps 3 – 5 Sessions	\$400.00
Camps 7+ Sessions	\$500.00
Food	
Restaurants/Food Service	
• Food Service Restaurant - Less Than 50 Seats	\$350.00
• Food Service Restaurant – 50 – 99 Seats	\$600.00
• Food Service Restaurant – 100 – 149 Seats	\$725.00
• Food Service Restaurant – 149 – 199 Seats	\$850.00
• Food Service Restaurant – 200 – 249 Seats	\$975.00
• Food Service Restaurant - 250 – 299 Seats	\$1,125.00
• Food Service Restaurant – 300 +	\$1,350.00
Bakery (No Seating)	\$200.00
Caterer	\$200.00
Farmers Market	
• Seasonal (Per Stall)	\$50.00
• Weekly (Per Stall)	\$25.00
Frozen Desert Machine (per machine)	\$50.00
Food Truck (Seasonal)	\$200.00
Food Truck (One Day/Temporary)	\$75.00
Ice Cream Truck	\$200.00
Kitchen	
• Commercial/Satellite (Ghost/Cloud/Commissary Kitchens)	\$200.00
• Residential	\$100.00
Retail	
• Convenience Stores	\$200.00
• Limited	\$50.00



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• Grocery Store/Full Retail Market	\$600.00
Special Processes Requiring HACCP (Per Process)	\$200.00
Kitchen Plan Reviews	
• Limited Kitchen	\$100.00
• Less Than 50 Seats	\$200.00
• 50 – 149 Seats	\$400.00
• More Than 150 Seats	\$600.00
Retail Plan Review	
• Limited	\$100.00
• Convenience or Bakery	\$200.00
• Full Retail Market	\$600.00
Special Process HACCP Plan Review	\$200.00
Additional Construction Inspections (After 3 rd Inspection)	\$50.00 Each
Pools Public/Semi Public	
Pools Seasonal	\$200.00
Pools Year Round	\$300.00
Pools Plan Review	\$300.00
Pools Re-Inspection	\$50.00
Septic	
Soil Testing Residential and Commercial	\$250.00
Residential New Construction Plan Review (Increase in design flow)	\$750.00
Residential Repair Septic (No increase in design flow)	\$300.00
Residential Minor Repair (per component)	\$50.00
Commercial New System up to 549 gpd	\$850.00
Commercial New System 550 – 999 gpd	\$1,000.00
Commercial New System 1000 gpd +	\$100 per extra 1,000 gpd
Abandonment/Decommission (Per Component)	\$50.00
Small Waste Water Treatment Facility 2,000 – 10,000	\$1.00 Per Gallon
Commercial Innovative/Alternative GPD 2,000 – 10,000	\$1.00 Per Gallon
Annual Review/Renewal of Septic Plan (Per Lot/Per Septic)	\$100.00
Title 5 Report Filing	\$25.00
Septic Installer/Hauler and Rubbish Hauler	
Septic Installer Permit	\$200.00



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Septic Installer/Hauler and Rubbish Hauler (cont'd)	
Septic Hauler/Rubbish Hauler Permit	\$200.00
• Add \$75.00 Per Truck	\$75.00
Trench Permit	
Trench Permit (per site)	\$50.00
Tobacco	
Tobacco Sales Permit	\$250.00
Wells	
Irrigation, Potable, Geothermal, Commercial, Residential, Abandonment	\$300.00

Unless otherwise indicated, all permits are applicable for one year only and expire on December 31st of every year.

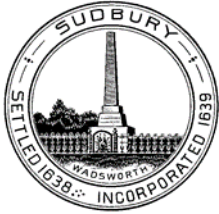
In order for a permit or license renewal to be considered by the Sudbury Health Department, it must be:

- submitted with all required documentation and attachments;
- complete and accurate;
- inclusive of payment in full.

Any outstanding fines/fees must be paid in full prior to processing a permit renewal application.

A surcharge for a late license/permit renewal will result in a DOUBLE FEE.

An inspection following noncompliance for Operating Without a Permit will result in a DOUBLE FEE.



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Health@sudbury.ma.us

Fee: \$200	Expires: 12/31
Permit #:	

Application for Subsurface Waste Water Disposal System Installer License

Complete and remit this form with **\$200** fee (made out to: *Town of Sudbury*) to:

Sudbury Health Department
275 Old Lancaster Rd. Sudbury, MA 01776

New Application

Renewal

Business Name	
Business Address	
Business Phone	
24-hour Emergency Phone	
Mailing Address (if different from Business Address)	
Owner's Name	
Owner's Cell Phone	
Owner's Email	
Names of Persons Supervising Sewage Disposal Installations	

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

Federal Tax ID	
Owner's Signature	

New Installers

Installers who hold a current Installers license in at least three (3) other Massachusetts municipalities will be allowed to apply for a permit provided the following:

1. Copies of septic installer license 3 towns.
2. The licenses must be in the name of the installer who is applying.
3. A copy of a signed Certificate of Compliance in each of the Towns where the installer is licensed must be submitted. Those COC's must be signed by the Board of Health.
4. Copy of current Massachusetts Hoisting License
5. Copy of Commercial Liability Insurance (\$1,000,000)

List the three (3) Other Massachusetts Municipalities in which you are licensed to install subsurface disposal systems:

Municipality	License Number	Date License Expires

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2. Has your permit to install septic systems in any town ever been revoked? _____
 - a. If yes, please explain the circumstances and indicate where it was revoked.

I understand that I must comply with the Board of Health regulations for subsurface disposal of sewage and Title V in the Town of Sudbury and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

I certify that the information I have provided above is true and accurate. I understand that as the licensed installer, I am responsible for all aspects of construction and am responsible for any persons allowed to perform work under my license.

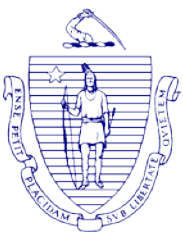
The permitted Installer is not allowed to make any changes to an approved system design without direction and approval of the design engineer and the Sudbury Health Department. Doing so may result in citation fee and/or suspension of my installer's permit. By my signature below, I am certifying that I have read, understand and agree to follow the above procedures for installing septic systems in the Town of Sudbury.

Date

Signature

Printed Name, Title

<p>Office Use Only:</p> <p><input type="checkbox"/> Approved, Effective Date: _____ License #: _____ Fee Paid: _____</p> <p><input type="checkbox"/> Denied, Comment: _____</p>
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**The Commonwealth of Massachusetts
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Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board
- 5. Selectmen's Office 6. Other _____

Contact Person: _____ Phone #: _____

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Residential Minor Repair (per component)	\$50.00
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Wells	
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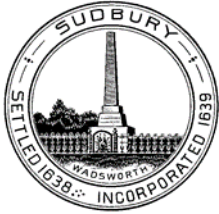
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- inclusive of payment in full.

Any outstanding fines/fees must be paid in full prior to processing a permit renewal application.

A surcharge for a late license/permit renewal will result in a DOUBLE FEE.

An inspection following noncompliance for Operating Without a Permit will result in a DOUBLE FEE.



Sudbury Health Department
275 Old Lancaster Road
Sudbury, MA 01776
(978) 440-5479
Health@sudbury.ma.us

Fee: \$200	Expires: 12/31
Permit #:	

Application for Subsurface Waste Water Disposal System Installer License

Complete and remit this form with **\$200** fee (made out to: *Town of Sudbury*) to:

Sudbury Health Department
275 Old Lancaster Rd. Sudbury, MA 01776

New Application

Renewal

Business Name	
Business Address	
Business Phone	
24-hour Emergency Phone	
Mailing Address (if different from Business Address)	
Owner's Name	
Owner's Cell Phone	
Owner's Email	
Names of Persons Supervising Sewage Disposal Installations	

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

Federal Tax ID	
Owner's Signature	

New Installers

Installers who hold a current Installers license in at least three (3) other Massachusetts municipalities will be allowed to apply for a permit provided the following:

1. Copies of septic installer license 3 towns.
2. The licenses must be in the name of the installer who is applying.
3. A copy of a signed Certificate of Compliance in each of the Towns where the installer is licensed must be submitted. Those COC's must be signed by the Board of Health.
4. Copy of current Massachusetts Hoisting License
5. Copy of Commercial Liability Insurance (\$1,000,000)

List the three (3) Other Massachusetts Municipalities in which you are licensed to install subsurface disposal systems:

Municipality	License Number	Date License Expires

Please answer the following questions:

1. Have you ever held a permit in Sudbury in the past? _____
2. Has your permit to install septic systems in any town ever been revoked? _____
 - a. If yes, please explain the circumstances and indicate where it was revoked.

I understand that I must comply with the Board of Health regulations for subsurface disposal of sewage and Title V in the Town of Sudbury and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

I certify that the information I have provided above is true and accurate. I understand that as the licensed installer, I am responsible for all aspects of construction and am responsible for any persons allowed to perform work under my license.

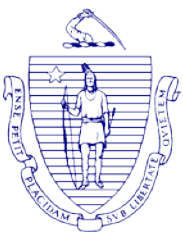
The permitted Installer is not allowed to make any changes to an approved system design without direction and approval of the design engineer and the Sudbury Health Department. Doing so may result in citation fee and/or suspension of my installer's permit. By my signature below, I am certifying that I have read, understand and agree to follow the above procedures for installing septic systems in the Town of Sudbury.

Date

Signature

Printed Name, Title

<p>Office Use Only:</p> <p><input type="checkbox"/> Approved, Effective Date: _____ License #: _____ Fee Paid: _____</p> <p><input type="checkbox"/> Denied, Comment: _____</p>
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**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board
- 5. Selectmen's Office 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia