



City of Fitchburg, Massachusetts

Health Department
166 Boulder Drive, Suite 108
Fitchburg, MA 01420
Tel. (978) 829-1870 Fax. (978) 829-1962

HAULER APPLICATION

DATE: _____

"TO THE LICENSING AUTHORITY: THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT/LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUTES RELATING THERETO", PERSON, FIRM OR CORP.

PERMIT/LICENSE TYPE: **Transportation of Septage**

LOCATION: _____

GRANTED TO: _____

VEHICLE INFORMATION:

Make	Model	Vehicle Registration No	Tank Capacity	Units
MACK				
Peterbilt				
Volvo				

"IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER THE AUTHORITY OF SAID STATUTES, I CERTIFY UNDER PENALTY OF PERJURY THAT I, TO MY BEST KNOWLEDGE OR BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW."

Truck Inspection Complete

signature of applicant

SIGNATURE OF INDIVIDUAL, OR CORP NAME: _____

BY CORPORATE OFFICER: _____

SOCIAL SECURITY NO. OR FEDERAL INFO NO: _____

***PERMIT/LICENSE WILL NOT BE ISSUED UNLESS CERT. CLAUSE IS SIGNED.**

Estimated Construction Costs / Permit Fees

	Payment Date	Amount Paid	Check No
Total Permit Fee:			
Total Permit Fee Paid:			

THIS IS NOT A PERMIT