



Town of Wilmington Board of Health

Application for Installer License - 2015

Fee \$100.00

Date: _____

To the Licensing Authorities:

The undersigned hereby applies for a license in accordance with the provisions of the Statutes relating thereto :

Name of Applicant: _____

Company Name: _____

Address: _____

in said Town of Wilmington, MA, in accordance with the rules and regulations made under authority of said Statutes.

Signature of Applicant: _____

Telephone #: _____

Fax #: _____

E-mail address: _____

Social Security #: _____

Federal I.D.: _____

Hydraulic Engineers License #: _____

Office Use Only

Date Received: _____

Amount Paid: _____

Check Number: _____

Permit Number: _____

Received By: _____

Signature of Town of Wilmington Treasurer

*All "As Built" plans and other unfinished business from 2014 must be submitted before license renewal becomes effective.

No Inspection requests will be honored unless requested by a licensed installer. Requests for inspections must be made before 10:00 a.m.

A valid certificate of insurance must be submitted with application.