

R:1-2.6 Application for Transport Permit.

Town of TOPSFIELD,
Topsfield, MASSACHUSETTS 01983

Date:

APPLICATION FOR
TRANSPORT PERMIT

NAME:

d/bla:

Address:

Phone: () _____

Truck ID# (s) #: _____

Number of Pump/Transporters: _____

Vehicle #, Make, Color, License Plate, Capacity (include non-pump transport vehicles)

<u>VEHICLE#</u>	<u>MAKE</u>	<u>COLOR</u>	<u>LICENSE PLATE</u>	<u>CAPACITY</u>
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Location Where Waste is Transported:

Pursuant to M.G.L. C. 62 C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Individual
or Corporate Name

Social Security or Federal
Identification Number

BY _____
Corporate Officer (if applicable)

**Make check payable to: Topsfield Board of Health (\$75 per vehicle) (per BoH 26-Aug-04)