Department of Site Services     Decaparement of Site Services     Decaparey and Fee Checked     Rev. 107]     (teave blank)     Decaparey and Fee Checked     Rev. 107]     Town of WASHILGETON     To he Inspector of Wires:     Set is permit in conjunction with a building permit?     Yes      No of Check Appropriate Box)     Purpose of Building     Tensor of Works     Service     Amps / Vols Overhead     Undgrd No. of Meters     No. of Meters     No. of Ceil-Supp. (Paddle) Fans     Transformers KVA     No. of Ceil-Supp. (Paddle) Fans     Transformers KVA     No. of Checkes No. of Ceil-Supp. (Paddle) Fans     Transformers KVA     No. of Checkes No. of Oil Burners     No. of Checkes No. of Cas Burners     No. of Deceesion And Poices     No. of Checkes     No. of Motors     No. of Matering Devices     No. of Motors     No. of Checkes No. of Checkes		Commonw	ealth of Massachusetts		Official Use Only	
Occupancy and Fee Checked [rev. 107]       [cacebalak]         APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00         (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Town of WASHINGTON Town of WASHINGTON By this application the undersigned gives notice of his or her intention to perform the electrical work described below. Location (Street & Number)         Owner or Tenant       To the Inspector of Wires: Telephone No.         Owner or Tenant       Telephone No.         Owner or Tenant       [Check Appropriate Box]         Purpose of Building       Utility Authorization No.         Existing Service       Amps       /			-		mit No	
APPLICATION FOR PERMIT TO PERFORMED (Detroit)			Occ			
All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00 (PLEASE PRINT IN INK OR TYPE ALL INFORMATION) Date: Town of WASHINGTON To the Inspector of Wires: By this application the undersigned gives notice of his or her intention to perform the electrical work described below. Location (Street & Number) Owner or Tenant	[Rev. 1/07] (leave blank)					
Converts       Date:       To the Inspector of Wires:         By this application the undersigned gives notice of his or her intention to perform the electrical work described below.       Location (Street & Number)         Owner's Address						
By this application the undersigned gives notice of his or her intention to perform the electrical work described below. Location (Street & Number) Owner of Tenant Telephone No. Owner's Address Lotation onjunction with a building permit? Yes No (Check Appropriate Box) Purpose of Building Existing Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / Volts Overhead Undgrd No. of Meters New Service Amps / No. of Cell-Susp. (Paddle) Fans Campletion of the following table may be waived by the Inspector of Wires Campletion of the following table may be waived by the Inspector of Wires No. of Luminaire Outlets No. of Hot Tubs Generators KVA No. of Luminaires Svimming Pool Above In- Battery Units No. of Ceceptacle Outlets No. of Oil Burners FIRE ALARMS No. of Zones No. of Switches No. of Gas Burners Internet Total No. of Air Cond. Total No. of Alerting Devices No. of Switches No. of Air Cond. Total No. of Alerting Devices No. of Maste Disposers Pace/Area Heating KW Local Connection Ore Equivalent No. of Dishwashers Space/Area Heating KW Local Connection Ore Equivalent No. of Devices or Equivalent No. of Devices or Equivalent No. of Motors Total HP Telecommunications Wiring: No. of Devices or Equivalent No. of Motors Total HP Cellectrice Work in spector of Wires Estimated Value of Electrical Work: Check Appropriate the inspector of Wires Estimated Value of Electrical Work: Check Appropriate Signal and Intervention Connection Connection No. of Devices or Equivalent No. of Motors Total HP Cellector CoverRGE: Unless waived by the owner, no permit for the performance of electrical Work may issue anless No. of Lineary Cover Reger Signal and Signal and Connection Connection No. of Devices or Equivalent. Check Appropriate Signature CHECK O						
Location (Street & Number)	Town of WASHINGTONTo the Inspector of Wires:					
Owner's Address						
Owner's Address         Is this permit in conjunction with a building permit?       Yes       No       (Cheek Appropriate Box)         Purpose of Building	Owner or Tenant Telephone No.					
Is this permit in conjunction with a building permit?       Yes       No       (Check Appropriate Box)         Purpose of Building       Utility Authorization No.         Existing Service       Amps       /						
Existing Service       Amps       /						
New Service       Amps       /       Volts       Overhead       Undgrd       No. of Meters         Number of Feeders and Ampacity	Purpose of Building   Utility Authorization No.					
Number of Feeders and Ampacity	Existing Service       Amps       /       Volts       Overhead       Undgrd       No. of Meters					
Location and Nature of Proposed Electrical Work:         Completion of the following table may be waived by the Inspector of Wires         No. of Recessed Luminaires       No. of CeilSusp. (Paddle) Fans       Transformers       KVA         No. of Luminaire Outlets       No. of Hot Tubs       Generators       KVA         No. of Luminaires       Swimming Pool Above grnd.       In- grnd.       No. of Lemergency Lighting Battery Units         No. of Receptacle Outlets       No. of Oil Burners       FIRE ALARMS       No. of Zones         No. of Ranges       No. of Air Cond.       Tons       No. of Alerting Devices         No. of Switches       No. of Air Cond.       Tons       No. of Alerting Devices         No. of Dishwashers       Space/Area Heating KW       Local       Connection       Other         No. of Dryers       Heating Appliances       KW       No. of Devices or Equivalent         No. of Motors       Total HP       No. of Devices or Equivalent       No. of Motors       No. of Law Miring:         No. of Motors       Total Police or and connection of the performance of electrical Work:       (When required by municipal policy.)         Water       No. of Motors       Total P       No. of Devices or Equivalent         No. of Dryers       Heating Appliances       KW       No. of Devices or Equiv	<u>New Service</u>	Amps	/ Volts Overhe	ad 🗌 Und	lgrd No. of Meters	
Completion of the following table may be waived by the Inspector of Wires         No. of Recessed Luminaires       No. of CeilSusp. (Paddle) Fans       No. of Total Transformers       Total         No. of Luminaire Outlets       No. of Hot Tubs       Generators       KVA         No. of Luminaire Outlets       No. of Hot Tubs       Generators       KVA         No. of Case       Swimming Pool Above grad.       In.       Battery Units         No. of Receptacle Outlets       No. of Oil Burners       FIRE ALARMS       No. of Zones         No. of Switches       No. of Gas Burners       Initiating Devices         No. of Ranges       No. of Air Cond.       Total Tons       No. of Alerting Devices         No. of Waste Disposers       Heat Pump       Number Tons       KW       Detection/Alerting Devices         No. of Dishwashers       Space/Area Heating KW       Local       Connection       Other         No. of Battery       IHeating Appliances       KW       No. of Devices or Equivalent         No. of Watter       No. of Motors       Total HP       No. of Devices or Equivalent         No. of Motors       Total HP       No. of Devices or Equivalent         No. of Matter       Mo. of Motors       Total HP       No. of Devices or Equivalent         No. of Battery <t< td=""><td colspan="6">Number of Feeders and Ampacity</td></t<>	Number of Feeders and Ampacity					
No. of Recessed Luminaires       No. of Ceil-Susp. (Paddle) Fans       No. of Total Transformers       Total KVA         No. of Luminaire Outlets       No. of Hot Tubs       Generators       KVA         No. of Luminaires       Swimming Pool Above and the part of the p	Location and Nature of Proposed Electrical Work:					
No. of Recessed Luminaires       No. of Ceil-Susp. (Paddle) Fans       No. of Total Transformers       Total KVA         No. of Luminaire Outlets       No. of Hot Tubs       Generators       KVA         No. of Luminaires       Swimming Pool Above and the part of the p	Completion of the following table may be waived by the Inspector of Wires					
No. of Luminaire Outlets       No. of Hot Tubs       Generators       KVA         No. of Luminaires       Swimming Pool Above grnd.       In- grnd.       No. of Emergency Lighting Battery Units         No. of Receptacle Outlets       No. of Oil Burners       FIRE ALARMS       No. of Zones         No. of Switches       No. of Gas Burners       FIRE ALARMS       No. of Zones         No. of Switches       No. of Air Cond.       Total Initiating Devices       No. of Alerting Devices         No. of Waste Disposers       Heat Pump Number Tons       KW       No. of Self-Contained         No. of Dishwashers       Space/Area Heating KW       Local       Municipal       Other         No. of Batter       KW       No. of Devices or Equivalent       Other         No. of Water       Signs       Ballatts       No. of Devices or Equivalent         No. of Water       KW       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         No. of Vater       Signs       Ballattional detail if desired, or as required by the Inspector of Wires         Estimated Value of Electrical Work:       (When required by municipal policy.)       Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Inloses waived by the owner, no permit for the performanc	No. of Reces	sed Luminaires			No. of Total	
No. of Luminaires       Swimming Pool Above grnd.       In- grnd.       No. of Character Units         No. of Receptacle Outlets       No. of Oil Burners       FIRE ALARMS       No. of Zones         No. of Switches       No. of Gas Burners       FIRE ALARMS       No. of Zones         No. of Switches       No. of Air Cond.       Total       No. of Alerting Devices         No. of Waste Disposers       Heat Pump Number Tons       KW       No. of Alerting Devices         No. of Dishwashers       Space/Area Heating KW       Local       Connection       Other         No. of Waste Disposers       Heating Appliances       KW       Security Systems:*       No. of Devices or Equivalent         No. of Water       KW       No. of Motors       Total HP       Telecommunications Wiring:       No. of Devices or Equivalent         No. of Vater       KW       No. of Motors       Total HP       Telecommunications Wiring:       No. of Devices or Equivalent         OTHER:       Attach additional detail if desired, or as required by the Inspector of Wires       Estimated Value of Electrical Work:       (When required by municipal policy.)         Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.       INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insuran			- `	,	<b>171</b> 7	
No. of Receptacle Outlets       No. of Oil Burners       FIRE ALARMS       No. of Zones         No. of Switches       No. of Gas Burners       Initiating Devices         No. of Ranges       No. of Air Cond.       Total Tons       No. of Alerting Devices         No. of Waste Disposers       HeatPump       Number       Tons       KW         No. of Dishwashers       Space/Area Heating KW       Local       Contrained         No. of Dryers       Heating Appliances       KW       No. of Self-Contained         No. of Dryers       Heating Appliances       KW       No. of Sol Obvices or Equivalent         No. of Water       KW       No. of Moors       Data Wiring: No. of Devices or Equivalent         No. of Water       KW       No. of Motors       Total HP         No. of Devices or Equivalent       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         OTHER:				□ In- □	No. of Emergency Lighting	
No. of Switches       No. of Gas Burners       No. of Detection and Initiating Devices         No. of Ranges       No. of Air Cond.       Total Tons       No. of Alerting Devices         No. of Waste Disposers       Heat Pump Totals:       Tons       No. of Self-Contained Detection/Alerting Devices         No. of Dishwashers       Space/Area Heating KW       Local Connection Other       Onnection Other         No. of Dishwashers       Space/Area Heating KW       Local Connection Other       Other         No. of Water       KW       No. of       Data Wiring: No. of Devices or Equivalent         No. of Water       KW       No. of Motors       Total HP       No. of Devices or Equivalent         No. Hydromassage Bathubs       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         OTHER:				$\square$ grnd. $\square$		
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No. of Kanges       No. of A Cond.       Tons       No. of Alferting Devices         No. of Waste Disposers       Heat Pump       Number       Tons       KW       No. of Self-Contained         No. of Dishwashers       Space/Area Heating KW       Local       Connection       Other         No. of Dryers       Heating Appliances       KW       Security Systems:*       Other         No. of Water       KW       No. of Devices or Equivalent       No. of Devices or Equivalent         No. of Water       KW       No. of Motors       Total HP       No. of Devices or Equivalent         No. Hydromassage Bathtubs       No. of Motors       Total HP       No. of Devices or Equivalent         OTHER:       Attach additional detail if desired, or as required by the Inspector of Wires         Estimated Value of Electrical Work:       (When required by municipal policy.)         Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE:       INSURANCE       BOND       OTHER       LIC. NO.:				Total		
No. of Waste Disposers       Totals:       Detection/Alerting Devices         No. of Dishwashers       Space/Area Heating KW       Local Municipal       Other         No. of Dryers       Heating Appliances       KW       Security Systems:*       No. of Devices or Equivalent         No. of Water       KW       No. of       Data Wiring:       No. of Devices or Equivalent         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring:         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring:         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring:         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring:         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring:         No. of Devices or Equivalent       (When required by municipal policy.)       Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the license provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.      <				Tons	8	
No. of Dryers       Heating Appliances       KW       Security Systems:* No. of Devices or Equivalent         No. of Water Heaters       KW       No. of Signs       Ballasts       Data Wiring: Data Wiring: No. of Devices or Equivalent         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         OTHER:       Attach additional detail if desired, or as required by the Inspector of Wires         Estimated Value of Electrical Work:       (When required by municipal policy.)         Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE:       INSURANCE       BOND       OTHER       (Specify:)         I certify, under the pains and penalties of perjury, that the information on this application is true and complete.       IIC. NO.:         FIRM NAME:       ILC. NO.:       Alt. Tel. No.:       Alt. Tel. No.:         "4ddress:       Alt. Tel. No.:       When requires the liability insurance coverage normally         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safet		1	Totals:		Detection/Alerting Devices	
No. of Dryers       Iterating Apparatects       Kw       No. of Devices or Equivalent         No. of Water Heaters       KW       No. of Signs       No. of Ballasts       Data Wiring: No. of Devices or Equivalent         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         OTHER:       Attach additional detail if desired, or as required by the Inspector of Wires         Estimated Value of Electrical Work:       (When required by municipal policy.)         Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE:       INSURANCE       BOND       OTHER       (Specify:)         I certify, under the pains and penalties of perjury, that the information on this application is true and complete.       IIC. NO.:         I fleamese:       Signature       LIC. NO.:       IIC. NO.:         I fleamese:       Signature       LIC. NO.:       ON:         Work to Start:       In the license number line.)       Alt. Tel. No.:       Address:	No. of Dishw	vashers		T	Local Connection Other	
Heaters       KW       Signs       Ballasts       No. of Devices or Equivalent         No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         OTHER:       Attach additional detail if desired, or as required by the Inspector of Wires         Estimated Value of Electrical Work:       (When required by municipal policy.)         Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE:       INSURANCE       BOND       OTHER       (Specify:)         I certify, under the pains and penalties of perjury, that the information on this application is true and complete.       Elicensee:       [If applicable, enter "exempt" in the license number line.]         Address:       Att. Tel. No.:       Att. Tel. No.:       Att. Tel. No.:         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" Licensee:       Lic. No.       Ice. No.         OWNER'S INSURANCE WAIVER:       I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby wa	•		0 11		No. of Devices or Equivalent	
No. Hydromassage Bathtubs       No. of Motors       Total HP       Telecommunications Wiring: No. of Devices or Equivalent         OTHER:       Attach additional detail if desired, or as required by the Inspector of Wires         Estimated Value of Electrical Work:       (When required by municipal policy.)         Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE:       INSURANCE       BOND       OTHER       (Specify:)         I certify, under the pains and penalties of perjury, that the information on this application is true and complete.       LIC. NO.:         FIRM NAME:       LIC. NO.:       Bus. Tel. No.:       Alt. Tel. No.:         Address:       Alt. Tel. No.:       Alt. Tel. No.:       Alt. Tel. No.:         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:       Lic. No.       Diverse         OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) i owner' owner's agent.					Data Wiring: No. of Devices or Equivalent	
OTHER:       Attach additional detail if desired, or as required by the Inspector of Wires         Estimated Value of Electrical Work:       (When required by municipal policy.)         Work to Start:       Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE:       INSURANCE       BOND       OTHER       (Specify:)         I certify, under the pains and penalties of perjury, that the information on this application is true and complete.       FIRM NAME:       LIC. NO.:         Licensee:       (If applicable, enter "exempt" in the license number line.)       Bus. Tel. No.:       Alt. Tel. No.:         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:       Lic. No.       Lic. No.         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:       Lic. No.       Mit. Tel. No.         owner/Agent       Maware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.	No. Hydrom	assage Bathtubs		otal HP	<b>Telecommunications Wiring:</b>	
Estimated Value of Electrical Work:      (When required by municipal policy.)         Work to Start:      Inspections to be requested in accordance with MEC Rule 10, and upon completion.         INSURANCE COVERAGE:       Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE:       INSURANCE       BOND       OTHER       (Specify:) <i>I certify, under the pains and penalties of perjury, that the information on this application is true and complete.</i> FIRM NAME:       LIC. NO.:         Licensee:       Signature       LIC. NO.:						
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INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office. CHECK ONE: INSURANCE BOND OTHER (Specify:) <i>I certify, under the pains and penalties of perjury, that the information on this application is true and complete.</i> FIRM NAME: Licensee: <i>I certify enter "exempt" in the license number line.</i> ) Address: *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: OWNER'S INSURANCE WAIVER: I am aware that the Licensee <i>does not have</i> the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.						
the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office. CHECK ONE: INSURANCE BOND OTHER (Specify:) <i>I certify, under the pains and penalties of perjury, that the information on this application is true and complete.</i> FIRM NAME: LIC. NO.: Licensee: Signature LIC. NO.: <i>Licensee: Signature Line.</i> Address: Alt. Tel. No.: *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No. OWNER'S INSURANCE WAIVER: I am aware that the Licensee <i>does not have</i> the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.						
undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.         CHECK ONE: INSURANCE       BOND       OTHER       (Specify:)         I certify, under the pains and penalties of perjury, that the information on this application is true and complete.       LIC. NO.:         FIRM NAME:       LIC. NO.:         Licensee:       Signature       LIC. NO.:         (If applicable, enter "exempt" in the license number line.)       Bus. Tel. No.:       Alt. Tel. No.:         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:       Lic. No.       OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one)       owner owner's agent.						
CHECK ONE: INSURANCE BOND OTHER (Specify:) I certify, under the pains and penalties of perjury, that the information on this application is true and complete. FIRM NAME: Licensee: License: Licen						
I certify, under the pains and penalties of perjury, that the information on this application is true and complete.         FIRM NAME:       LIC. NO.:         Licensee:       Signature       LIC. NO.:         (If applicable, enter "exempt" in the license number line.)       Bus. Tel. No.:       Alt. Tel. No.:         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:       Lic. No.       OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one)       owner's agent.	CHECK ONE: INSURANCE BOND OTHER (Specify:)					
Licensee:       Signature       LIC. NO.:         (If applicable, enter "exempt" in the license number line.)       Bus. Tel. No.:       Address:         Address:       Alt. Tel. No.:       Alt. Tel. No.:         *Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License:       Lic. No.         OWNER'S INSURANCE WAIVER:       I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.         Owner/Agent       Owner's agent.						
Address:	FIRM NAME	±:	Signatura		LIC. NO.:	
Address:	<i>(If applicable, e</i>	enter "exempt" in the license n	umber line.)		LIC. NO.: Bus. Tel. No.:	
<b>OWNER'S INSURANCE WAIVER:</b> I am aware that the Licensee <i>does not have</i> the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.	Address:	147 g 57 61 gagginites	rk raquiras Danartmant - ft	Jublic Safater ""	Alt. Tel. No.:	
Owner/Agent	OWNER'S II	NSURANCE WAIVER: 1	am aware that the Licensee	<i>does not have</i> t	he liability insurance coverage normally	
Signature   PERMIT FEE: \$	Owner/Agent	t t t t				
	Signature	-	Telephone No		PERMIT FEE: \$	