



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
120 WASHINGTON STREET, 4TH FLOOR
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KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

2011 APPLICATION FOR A PERMIT TO TRANSPORT OFFENSIVE SUBSTANCES

FEE: \$105 Per Vehicle payable to the City of Salem No Cash

Name of Applicant: _____

Address: _____ Tel#: _____

Name of Company: _____

Address: _____ Tel#: _____

Type of Vehicle _____

Gross Weight _____

Reg.# _____

Year of Make: _____

Substance(s) Hauled _____

Route of Travel _____

(must be completed) _____

Schedule of Travel _____

I HAVE READ THE BOARD OF HEALTH REGULATIONS, "RULES AND REGULATIONS FOR TRANSPORTING OFFENSIVE SUBSTANCES." I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS REGARDING THOSE REGULATIONS. I UNDERSTAND THEM; AGREE TO ABIDE BY THEM AND UNDERSTAN THAT FAILURE TO DO SO MAY RESULT IN REVOCATION OF MY PERMIT TO CARRY OFFENSIVE SUBSTANCES.

PURSUANT TO HGL C62C, S49A 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 THE LAW.

Signature _____ Date _____ SS # or Federal ID # _____

Permit # _____ Check # _____ Check Date _____