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Ver. Jul-2021

Massachusetts Title 5 System Inspector Pre-Approval Application

System Inspectors who perform inspections pursuant to 310 CMR 15.301 shall be: (a) Massachusetts Registered Professional Engineers with a concentration in civil, sanitary or environmental engineering; Massachusetts Registered Sanitarians; or Certified Health Officers; or (b) Board of Health members or agents, Engineers in Training (EIT certified) with a concentration in civil, sanitary, or environmental engineering, professional home inspectors, licensed septage haulers, disposal system installers, or other individuals with a minimum of one year of demonstrated experience in septic system inspection, who have attended training provided or authorized by the Department; and who have passed an examination prepared and administered by the Department or an agent authorized by the Department to qualify as an approved System Inspector pursuant to 310 CMR 15.34-(2).

Massachusetts Registered Professional Engineers, Certified Health Officers, and Registered Sanitarians are not required to take the course and examination in order to become certified MA Title 5 System Inspectors, but must submit an application fee of \$100 (payable to NEIW PCC) along with this (completed) form and proof of eligibility.

Attach recent photo with face not less than one inch wide, or a copy of driver's license may be used. **Please note this is a mandatory requirement.**

Proof of eligibility must be attached to this application. If proper proof is not submitted, your application **WILL NOT BE PROCESSED.**

Applicant Name	Date of Birth	Driver's License or ID #

	Residence	Business
Street Address		
City, State, Zip		
Phone Number		
Email		

Select	Qualification	Required Proof
	Mass. Registered Professional Engineer with concentration in civil, sanitary, or environmental engineering (pre-qualified: course and exam not required)*	Copy of license
	Mass. Certified Health Officer (pre-qualified: course and exam not required)*	Copy of license
	Mass. Registered Sanitarian (pre-qualified: course and exam not required)*	Copy of license

I, _____ [Print Name],
do solemnly swear (affirm) that all the information presented in this
application is true in substance and effect.

SIGNATURE:

DATE: _____

Payment Method: Check (payable to NEIW PCC)
 Credit Card Money Order

If Credit Card, circle one: VISA MasterCard Discover
 (AmEx not accepted) Credit Card
 number: _____
 Expiration Date: _____
 Signature: _____
 Date: _____

Date Received	Approval Date	Yes or No Approval By	Status and Comments	Certification Number

