



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No.
Permit Fee Assigned
[Rev. 11/99] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK
FOR INSTITUTIONAL \* USE ONLY

This form is for use by institutions employing licensed electricians and others for which notice of electrical installations to the municipal Inspector of Wires is required for work on the premises of the institution.

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date:

City or Town of: To the Inspector of Wires:

By this application the undersigned gives notice of the on-premises performance of electrical work by employees.

Institution

Address

Location and Nature of Proposed Electrical Work:

NOTE: C. 143 §3L of the Massachusetts General Laws obliges those who perform electrical installations to give notice of same to the municipal Inspector of Wires.

We will file this form on each such occasion (check one): YES NO

We will maintain one or more contemporaneous log(s) (check one): YES NO

This option is available where so contemplated by the municipality. In these cases, you must renew this application annually, and upon significant changes in employment.

The following individual(s) will be responsible for the accuracy of the log(s), if maintained. You agree that the log(s) will be located as indicated below. The coverage in any individual log must be for contiguous property except by arrangement with the Inspector of Wires.

Attach supplementary sheets if required for additional log locations.

Table with 2 columns: Log coverage, and location where it will be maintained; Responsible person

You may maintain the logs electronically upon agreement with the Inspector of Wires. If you intend to apply for such a procedure, indicate below how the Inspector of Wires should access the log:

How many electricians and/or system technicians (as licensed by the Board of State Examiners of Electricians) do you employ at your facility? Indicate the total number and also indicate the number of full-time equivalent staff that number includes:

Total electrical employment: Full-time equivalent electrical employment:

How many helpers or apprentices do you employ to assist your licensed staff, under their direct supervision (see c. 141 §8)? In general, this number must not exceed the ratio of one licensed individual to one unlicensed individual.

Total electrical employment: Full-time equivalent electrical employment:

Not all electrical work for which notice to the Inspector of Wires is required must be performed by licensed personnel. How many such persons, not required to be licensed, do you have in your employ? Indicate the total number and also indicate the number of full-time equivalent staff that number includes:

Total electrical employment: Full-time equivalent electrical employment:

\*Institutions are defined for these purposes as any person, firm, or corporation operating under c. 141 §8.

(Please see reverse side for certifications and required signature.)

**NOTE:** Some institutions enter into contracts with contractors to perform ongoing electrical work at an institution, similar to institutional employees. If, by the terms of such a contract, you direct the performance of such work, include the numbers of such employees in this application. If the contractor directs such performance, or if the contract period is for less than one year, application must be made by the contractor on the standard form for such work. Do not include such employees in this application.

Please give your official title, such as “Director of the Physical Plant” or “Director of Facilities” or equivalent. In addition, provide a statement that substantiates your authority to hire electricians pursuant to c. 141 §8 for electrical work on the premises of your institution, and to establish priorities for the performance thereof. This form is not to be construed as a grant of authority to direct any licensee of the Board of State Examiners of Electricians to perform work in contravention of the rules of said Board, or in contravention of the Massachusetts Electrical Code.

**My title is:** \_\_\_\_\_

**My authority to act for the aforementioned institution is:** \_\_\_\_\_

*I certify, under the pains and penalties of perjury, that the information on this application is true and complete.*

(Signature) \_\_\_\_\_

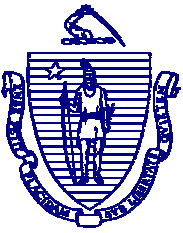
(Dated) \_\_\_\_\_

(Print name) \_\_\_\_\_

(work telephone number) \_\_\_\_\_

(extension) \_\_\_\_\_

(facsimile number) \_\_\_\_\_



*The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.***

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)