



**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Office of Public Safety & Inspections**

1000 Washington Street - Suite 710 - Boston - MA 02118

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**Notice of Administrative Action Pursuant to the Excavation of Trenches**

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Municipality: \_\_\_\_\_

**Permitting Authority Information**

Permitting Authority: \_\_\_\_\_

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

City\Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Excavator Information**

Excavator First Name: \_\_\_\_\_ Excavator Last Name: \_\_\_\_\_

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

City\Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer Business Name: \_\_\_\_\_

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

City\Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Competent Person Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City\Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please describe circumstances leading to administrative action. Please include information regarding willfulness of violations.

Violation resulted in *(please explain)*: \_\_\_\_\_  
\_\_\_\_\_

Action taken by permitting authority: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual completing this form: \_\_\_\_\_

*Return completed applications to:*  
**Division of Professional Licensure**  
**Office of Public Safety & Inspections**  
**Unattended Trenches**  
1000 Washington Street – Suite 710  
Boston, MA 02118