Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections

One Federal Street – Suite 600 – Boston – MA 02110-2012

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 Occupational Licensure
Office of Public Safety & Inspections
Unattended Trenches
One Federal Street – Suite 600
Boston, MA 02110