



**Town of Norfolk**  
**Board of Health**  
1 Liberty Lane  
Norfolk, MA 02056

Fee: \$200.00  
Permit #: \_\_\_\_\_  
Date Rec'd: \_\_\_\_\_

**APPLICATION TO TRANSPORT MEDICAL WASTE**

The undersigned hereby is applying for a license to transport medical waste in the Town of Norfolk.

1. \_\_\_\_\_  
Company Name
2. \_\_\_\_\_  
Street # and Name                      City                      State                      Zip Code
3. \_\_\_\_\_  
Business Telephone #    Fax #

Date: \_\_\_\_\_    \_\_\_\_\_  
Signature of Applicant

---

Application recommended by:

\_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Norfolk Board of Health