



Division of Professional Licensure

Office of Public Safety and Inspections

1000 Washington Street, Suite 710, Boston, MA 02118

REQUIRED INFORMATION IS HIGHLIGHTED

First and Last Name	Phone Number	E-mail	
Address of Testing Site	City/Town	Zip Code	
Mailing Address <input type="checkbox"/> Same as Above	City/Town	State	Zip Code
Type of Property <input type="checkbox"/> Residential <input type="checkbox"/> Condo <input type="checkbox"/> House Addition	Year Built	Year Addition Built	
Type of Foundation Test <input type="checkbox"/> Visual <input type="checkbox"/> Core Test	Date Test Conducted	Total Invoice Amount	Number of Cores
Company/Engineer Name	Phone Number	E-mail	License Number <i>(If available)</i>
<i>Optional Questions</i>			
Did your foundation test positive for pyrrhotite? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I don't know Damage Level <i>(If given)</i> <input type="checkbox"/> No Visible Damage <input type="checkbox"/> Minor Degradation <input type="checkbox"/> Minor to Moderate Degradation <input type="checkbox"/> Moderate to Severe Degradation <input type="checkbox"/> Severe Degradation <input type="checkbox"/> I don't know			
Where is the location of the damage? <input type="checkbox"/> Concrete Floors Only <input type="checkbox"/> Concrete Wall Only <input type="checkbox"/> Floors and Walls <input type="checkbox"/> I don't know			
Does your house have any of the following characteristics? <i>(Check all that you know, skip if you don't know.)</i> <input type="checkbox"/> Waterproofing on the exterior of the basement <input type="checkbox"/> Routine use of dehumidifier in the basement <input type="checkbox"/> Waterproofing in the interior walls <input type="checkbox"/> Gutters <input type="checkbox"/> Finished Basement or partially finished <input type="checkbox"/> Damage was in the partially finished portion			

Please enclose the following to complete your application:

- Proof of Home Ownership (Condos: proof of foundation ownership - usually the association declaration)**
(Examples of homeownership include mortgage statements, tax bills, copies of deeds, etc.)
- Testing / Visual Inspection Report / Results**
- Pictures of Foundation Damage** *(If not in Report)*
- Invoice or other Documentation of Costs** *(Such as a cancelled check)*
- Dated Records of House Addition** *(If applicable)*
- List of Other Units that Share Foundation** *(For Condos)*

I certify that the information entered above is complete and accurate.

Signature

Date

Mail applications to:

Office of Public Safety & Inspections, Crumbling Foundations
 1000 Washington Street, Boston, MA Suite 710, Boston, MA 02118
 Question to Cesar.Lastra@Mass.gov or call 617-826-5202.