

TOWN OF NORTH READING

Massachusetts

Department of Public Works

APPLICATION FOR ANNUAL DRAINLAYERS LICENSE				
Application type:	New License	License Renewal	Year:	
Name of Corporation	on:			
Contact Person:				
Mailing Address: _				
Fax:				
24-Hours Phone:				
E-mail address:				
The following item	s must be attached:			
o A copy of a va	ılid Heavy Equipment O _l	perators License		
o Evidence of O	SHA 10 hour & Excavat	ion Safety Training		
o Certificate of l	Insurance			
o \$10,000 Perfo	rmance and Guarantee B	ond		
o Three (3) mun	icipal references that fan	niliar with your work and contac	t information	
STREET OPENING	PERMIT POLICY, ST STRUCTION STAND	TREET OPENING CONSTR	UNDERSTANDING OF THE UCTION STANDARDS, AND READ AND UNDERSTAND	
Signature:		Date:		