



# CITY OF FRAMINGHAM PUBLIC WORKS, WATER AND SEWER DIVISION

100 Western Ave, Framingham, MA 01702 Phone (508) 532 6050

## Application for Drain Layer's License

### APPLICATION INFORMATION

Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

***Do you wish to be included on our DRAIN LAYER LIST which is posted on Cities Website and hand delivered to any City of Framingham Customer requiring this type of service: YES \_\_\_\_\_ NO \_\_\_\_\_***

### REQUIREMENTS

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#### 1.) Affirmation of Applicant Stability

How many years' experience have you had in the drain laying business? \_\_\_\_\_

All applicants must list below three municipalities to attest to your quality of water and wastewater services. All applicants must have a minimum of 5 years' experience in this field of work.

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

## 2.) Insurance and Bonds

The applicant is fully responsible to be properly insured by a major insurance carrier licensed to operate in the Commonwealth of Massachusetts. The applicant has the responsibility and obligation to have active insurance coverage in place, at a minimum of \$2,000,000 general liability. The applicant also has the obligation to hold an annual \$25,000 bond. Additional information regarding bonding and insurance requirements can be found in the SOP policy for the City of Framingham, as follows: <http://www.framinghamma.gov/documentcenter/view/172>

The applicant understands and agrees to indemnify and hold harmless the City of Framingham and all its officers and employees from any and all liability arising for work performed or related. The applicant further, understands that they shall not impose on the City of Framingham any legal responsibility for any person injured or property damaged that may result from any work done in the City. ***The Bond type requested for these cases will be as established by the City in the form of either a Paper Certificate issued by a Surety company licensed to do business in Massachusetts or a Cash deposit (check payable to the City of Framingham).***

## 3.) Designated Persons

List all designated personnel who will be principally responsible for coordinating and supervising the work under this contract. Each designated person must receive instruction from the Water and Sewer Division regarding the City of Framingham water and sewer service application procedures and design and construction standards. A "Designee(s) must also be a **Competent Person**" as defined by 520 CMR 7.02. **A copy of hoisting license must be provided for each.**

a) Name: \_\_\_\_\_ Title: \_\_\_\_\_

b) Name: \_\_\_\_\_ Title: \_\_\_\_\_

c) Name: \_\_\_\_\_ Title: \_\_\_\_\_

d) Name: \_\_\_\_\_ Title: \_\_\_\_\_

e) Name: \_\_\_\_\_ Title: \_\_\_\_\_

## 4.) 8 HOUR OSHA CLASS II ASBESTOS TRAINING: ASBESTOS-CEMENT PIPE WORKER SAFETY

If applicable, please list all personnel who are currently certified with the 8-Hour OSHA II Asbestos – Cement Pipe. A copy of each personnel's certificate must be provided.

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## 5.) Excavator Information

A completed City of Framingham "Trench Opening Permit" and if needed "Street Opening Permit" form must be submitted for each service application by the licensed Drain Layer who will be principally responsible for supervising the work. All operators who may perform water or sewer trench work to be authorized under this application must be licensed to operate hoisting or other mechanical equipment by the Department of Public Safety.

The undersigned hereby has provided all information required and agrees to conform to all rules and regulations established by the Public Works Commission. Signature of the applicant is required along with application fee.

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_