

REQUIREMENTS TO APPLY OR RENEW A DRAINLAYER'S LICENSE

1. ALL APPLICATIONS SHOULD INCLUDE THE ITEMS LISTED BELOW. INCOMPLETE APPLICATIONS SHALL BE RETURNED.

A. APPLICATION FEES: (CHECK MADE OUT TO THE CITY OF WORCESTER)

NEW APPLICANTS.....	\$200.00
RENEWAL OF LICENSES.....	\$100.00

B. ORIGINAL CERTIFICATE OF INSURANCE:

THE CERTIFICATE OF INSURANCE MUST READ THE SAME AS THE DRAINLAYER'S LICENSE. WITH THE INDIVIDUAL APPLICANT'S NAME AS WELL AS THE COMPANY HE IS WORKING FOR. FOR EXAMPLE: "JOHN SMITH OF SMITH'S CONST. CO., INC."

CERTIFICATE MUST NAME CITY OF WORCESTER AS AN ADDITIONAL INSURED PARTY.

MINIMUM COVERAGE AS FOLLOWS:

GENERAL LIABILITY:

Includes:	Each Occurrence	\$1,000,000
Comprehensive Form	Aggregate	\$2,000,000
Premises/Operations		
Underground Explosion Collapse Hazard		
Products/Completed Operations		
Independent Contractors		
Broad From Property Damage		
Personal Injury		

AUTOMOBILE LIABILITY:

Includes:	Bodily Injury & Property Damage	\$1,000,000
All Owned Vehicles	Combined	
Hired Vehicles		
Non-owned Vehicles		
All Owned Vehicles		

WORKERS COMPENSATION & EMPLOYERS LIABILITY:

As required by State of Massachusetts	Each Accident	\$ 100,000
Bodily Injury by	Disease (Policy Limit)	\$ 500,000
Bodily Injury by	Disease (Each Employee)	\$ 100,000

REQUIREMENTS FOR DRAINLAYER'S LICENSE cont.

- C. **\$5,000 CASH BOND** - Check made out to the City of Worcester providing a (5) year guarantee of workmanship.
- D. **CERTIFICATE OF COMPLIANCE** - Ordinance governing revenue collection.
- E. **STATEMENT OF COMPLIANCE** - Workers Compensation Act
- F. **STATEMENT OF COMPLIANCE** - Department of Revenue

2. **DRAINLAYER EXAM & INTERVIEW (DOES NOT APPLY FOR RENEWALS):**

THE DRAINLAYER'S EXAM SHALL BE BASED ON THE PERMIT MANUAL AND CONSTRUCTION METHODS REGARDING SANITARY AND SURFACE CONNECTIONS. THE INTERVIEW WILL BE A BRIEF DISCUSSION OF THE APPLICANT'S EXPERIENCES AS A DRAINLAYER. THE APPLICANT IS REQUIRED TO BRING COPIES OF ANY DRAINLAYER LICENSE OR LETTERS OF RECOMMENDATION FROM ANY CITIES OR TOWNS DOCUMENTING HIS EXPERIENCE.

3. **LICENSE:**

A LICENSE SHALL BE ISSUED ONCE ALL THE REQUIREMENTS ARE MET AND DEEMED ACCEPTABLE BY THE COMMISSIONER OF PUBLIC WORKS. LICENSE ARE ISSUED ON AN ANNUAL BASIS AND EXPIRE ON DECEMBER 31ST.

LICENSES ARE RENEWABLE ON A CONSECUTIVE ANNUAL BASIS.

DRAINLAYERS LICENSE APPLICATION

Applicant _____ Mobile # _____

Address _____

City/Town _____ State _____ Zip Code _____

Company _____

Address _____

City/Town _____ State _____ Zip Code _____

Tel # _____ Fax # _____

E-Mail Address _____ SS # or FID # _____

Company Type (check all that apply) Drainlayer: _____ Paver: _____ General Contractor: _____
(Your Company will be listed on the City's web site under Licensed Contractors for all types checked)
Insurer _____ Policy Expiration _____

Address _____

City/Town _____ State _____ Zip Code _____

Brief Description of Company: _____

Approximate # of Employees: _____ Number of Years in Business: _____

Explain briefly reason for applying for license(s) (If renewing license write renewal) _____

Have you or your company ever had a drainlayer's license in the City of Worcester? _____

If yes, in what name and when? _____

DRAINLAYERS LICENSE APPLICATION cont.

Also, was the license suspended, revoked or not renewed? Explain reason and when:

Does applicant have a drainlayer's license in any other city or town? If yes, list city(s) or town(s) and bring a copy(s) of license(s) on the day of the exam. _____

Has your company worked in the city before? _____ If yes, explain what type of work and when:

This is to certify that I am familiar with the rules, regulations and revised ordinances of the City of Worcester and attest that I will work in conformance with said rules, regulations and ordinances. I hereby agree to defend, indemnify and hold harmless the City of Worcester from any and all liability, causes of action, costs or expenses in connection with or growing out of any injury, death, loss or damage to any person or property arising out of or in connection with any activity or business conducted under the proposed license.

Applicant's Signature _____ Date _____

DO NOT WRITE BELOW

Exam or Renewal Date _____ Exam Results Pass _____ Fail _____ Renewal _____

Drainlayer License # _____ Date Issued _____ Date Expires: December 31, _____

Fee Paid: _____ Check No _____

Authorized Signature: _____
{dlicense}

**CERTIFICATION OF COMPLIANCE WITH WORCESTER REVISED
ORDINANCES GOVERNING REVENUE COLLECTION**

Pursuant to M.G.L.C. 40 Section 57 and Worcester Revised ordinance, Chapter 11, Article 2, Section 1, at SEQ, I hereby certify under the pain and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein, have complied with the Laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind.

1. IF A PROPRIETORSHIP

Name of Owner: _____

Home Address: _____

City/Town _____ State _____ Zip Code _____

Company Name _____

Business Address: _____

City/Town _____ State _____ Zip Code _____

Business Phone: _____ Home Phone: _____

2. IF A PARTNERSHIP (Full Names and Addresses of all Partners)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Company Name _____

Business Address: _____

City/Town _____ State _____ Zip Code _____

Business Phone: _____

CERT. OF COMPLIANCE - REVENUE COLLECTION cont.

3. IF A CORPORATION

State of Incorporation: _____

Full Legal Name of Corp: _____

Principal Place of Business: _____

Other Places of Business in Mass: _____

Officers of Corporation:

NAME

ADDRESS

4. IF A TRUST

Name of Trust: _____

Business Address: _____

NAME OF TRUSTEE

ADDRESS

NAME OF BENEFICIARIES

ADDRESS

ALL: Dated this _____ Day of _____ 20 _____

By Name: _____ Title: _____

Business Address: _____

Social Security or Federal I.D. No. _____

**APPLICATION FOR DRAINLAYERS LICENSE
STATEMENT OF COMPLIANCE WITH WORKERS COMPENSATION ACT**

Massachusetts General Laws, Chapter 152, requires employer to provide Workers' Compensation Insurance for employees. Applicants must demonstrate compliance with Chapter 152 or provide a statement of inapplicability.

Please check the appropriate statements, provide additional information where necessary, and sign below:

Applicant is in compliance with the Massachusetts General Laws relative to providing workers' compensation insurance for employees. A Certificate of Insurance or a license as a self-insurer is attached.

Applicant is not required to provide worker's compensation insurance for the following reasons:

I certify that the above statement is true and correct under the pains and penalties of perjury this _____ day of _____ 20_____.

CORPORATE NAME OR DBA

SIGNATURE

TITLE

CERTIFICATE OF COMPLIANCE
MASSACHUSETTS DEPARTMENT OF REVENUE

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law

*Signature of Individual

By: Corporate Officer

** Social Security Number Voluntary or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

[Print Form](#)

{drainlayersworkers}