

TOWN OF ACUSHNET, MASSACHUSETTS  
DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR LICENSED UTILITY LAYER  
(ATTACHMENT 2)

(Please type or print neatly)

\_\_\_\_\_ (Applicant) hereby makes application for a license to engage  
in the business of utility installation in the Town of Acushnet on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Please Check  New Application  Renewal

**GENERAL INFORMATION:** (Please provide the following information.)

A. List three (3) Cities/Towns that the applicant is currently licensed to perform utility installation.  
Include the name, title and phone number of each reference.

1. City/Town: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Title: \_\_\_\_\_

2. City/Town: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Title: \_\_\_\_\_

3. City/Town: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Title: \_\_\_\_\_

B. List the following information:

1. Name of Owner (s): \_\_\_\_\_  
Number of years in business: \_\_\_\_\_

2. Name of Working Foreman: \_\_\_\_\_  
Number of years Experience: \_\_\_\_\_

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3. Number of full time employees: \_\_\_\_\_

4. List all major equipment owned by the Company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If a Licensed Plumber in Massachusetts, please provide License Number \_\_\_\_\_

6. Has the Company had its' License to perform utility work revoked in any City/Town in the past five (5) years? Y \_\_\_ N \_\_\_

If so, please name the City/Town and reason for having the License revoked.

City/Town: \_\_\_\_\_

Reason: \_\_\_\_\_

7. Please provide three (3) letters of recommendation from similar sized utilities within the Commonwealth. These letters must be signed by the **Chief Engineer or the Superintendent of Public Works** certifying the applicants experience and performance in digging utility trenches in Town Streets containing municipal Water, Sewer & Drains to include Private or Public Gas Mains.

Letters submitted with Application Y \_\_\_ N \_\_\_

\_\_\_\_\_  
Authorized Signature, Title Date: \_\_\_\_\_

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Application Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended for Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent  
Department of Public Works