



TOWN OF ANDOVER MASSACHUSETTS

Board of Health

(978-623-8640)
36 Bartlet Street
Andover, MA 01810

Town Offices
36 Bartlet Street
Andover, MA 01810
www.andoverma.gov

<u>For Office Use Only</u>	
Date:	_____
Authorization:	_____
Permit Number:	_____
Fee:	\$100.00

(New Drain Layers only- add additional Test fee of \$75.00)

APPLICATION FOR LICENSE

Date: _____ Type of License Requested: DRAIN LAYER

Name of Applicant: _____

Address: _____

Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

Company Name (If Applicable): _____

Company Address: _____

For All Applications, Please Submit:	√
Check or cash for required Fee:	
Completed Application:	
Certificate of Insurance with: (1) statutory amount of Workers Compensation Ins. (2) at least \$1,000,000.00 in General Liability Ins. per occurrence (3) at least \$2,000,000.00 in General Liability Insurance aggregate.	

For New Licensees, at Time of Drain Layer's Test, Please also Submit:	√
Proof of similar work for at least 1 year <u>with your name on the document</u> (Letter from Employer, Licensed for at least a year elsewhere):	
Three (3) Letters of Trade References <u>with your name on the letters</u> (Former employers, engineers who supervised work, communities where you hold licenses, etc.):	

Signature of Applicant: _____