



**Town of Goffstown**  
Sewer Department  
16 Main Street  
Goffstown, NH 03045  
603-497-8990 Ext 215  
www.Goffstown.com/dept/sd

## SEWER PIPE LAYER LICENSE APPLICATION

Name of Applicant \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

New Application

Renewal

### QUALIFICATION STATEMENTS

Please answer the following questions to assist the Town in their decision for your certification.

1. Who will provide the primary supervision for the proposed work? Please state their special qualifications.

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

2. Describe the equipment you proposed to furnish.

a. Your Own Equipment: \_\_\_\_\_

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

b. Rented Equipment: \_\_\_\_\_

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

3. How many years have you or your organization been in business as a contractor under the name in which you propose to execute this contract?

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

4. What projects have you or your organization completed similar to that proposed?

a. Name & Address of owner for whom work was done:

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

b. Work done, contractor or subcontractor: \_\_\_\_\_

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

