

TOWN OF BEDFORD  
DEPARTMENT OF PUBLIC WORKS

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314 THE GREAT ROAD  
BEDFORD, MASSACHUSETTS 01730

TEL: 781-275-7605  
FAX: 781-275-9010

***TOWN OF BEDFORD  
DRAIN LAYER'S LICENSE REQUIREMENTS***

The Town of Bedford is publishing a list of contractors for residents and businesses to use for utility work in Town. This list will be available on the Bedford Department of Public Works – Water / Sewer webpage for prospective customers to view.

To qualify for a Drain Layer's license within the Town of Bedford, a completed application form must be submitted to the Department of Public Works. Applicants will be required to provide the following:

- i. \$125 annual application fee.
- ii. Reference from at least one other town in which the firm has done water or drain or sewer work or a current licensure as a drain layer in another Massachusetts city or town.
- iii. A current Certificate of Insurance naming the Town of Bedford as an additional insured party including:
  - a) Proof of Workman's Compensation Insurance.
  - b) Proof of Automobile/ Vehicle Liability insurance and Automobile / Vehicle Property Damage insurance.
  - c) Public Liability and Property Damage insurance.
- iv. A \$5,000 Street Opening Bond.

Send the application and the above listed documents to Department of Public Works, 314 Great Road, Bedford MA -01730 or email to [DPW\\_forms@bedfordma.gov](mailto:DPW_forms@bedfordma.gov)

Drain Layer's Licenses are valid from the date of approval and will expire on December 31, of that calendar year. Application must be filed every calendar year to renew the license and remain on the list.

If you have additional questions about the requirements to be licensed in Bedford, please call our office at 781-275-7605.

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**APPLICATION FOR DRAIN LAYER'S LICENSE**

***APPLICANT INFORMATION:***

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

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

\_\_\_\_\_  
City/Town State Zip

Contact Name \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Years in business under the current business name: \_\_\_\_\_

Note: The above information will be listed on the Town's Website.

**Designated Persons:** List all designated personnel who will be principally responsible for coordinating and supervising the work. **"Designee(s)" must also be a "Competent Person" as defined by 520 CMR 7.02.**

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

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

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

The undersigned hereby has provided all information required and agrees to conform to all rules and regulations established by the Bedford Department of Public Works. Signature of the applicant is required along with non-refundable application fee of **\$125.00**. Checks shall be payable to *Town of Bedford*.

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

**Print** \_\_\_\_\_