

License Fee \$10.00

License No. \_\_\_\_\_

Expires On: \_\_\_\_\_

**APPLICATION FOR DRAIN LAYER LICENSE**

Town of Smithfield Sewer Authority  
64 Farnum Pike  
Smithfield, RI 02917  
(401) 233-1066

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

STATE OF RHODE ISLAND DRAIN LAYER'S LICENSE NO. \_\_\_\_\_

***NO LICENSE WILL BE ISSUED UNTIL THE PROPER INSURANCE HAS BEEN FILED WITH THE TOWN.***

Applicant must file with the Town of Smithfield's Sewer Authority and the Town of Smithfield's Treasurer, within five (5) days after applying for this license, certificate or certificates of insurance in the amount(s) not less than the following:

PUBLIC LIABILITY-----\$1,000,000.00  
PROPERTY DAMAGE-----\$1,000,000.00

Said insurance shall remain in full force and effect for the duration of this license.

*APPLICANT ACKNOWLEDGES THAT HE/SHE HAS READ THE RULES & REGULATIONS OF THE TOWN OF SMITHFIELD SEWER AUTHORITY INCLUDING ARTICLE IV THEREOF AND HEREBY ACCEPTS AND AGREES TO ALL OF THE REQUIREMENTS CONTAINED THEREIN, INCLUDING APPLICANT'S OBLIGATION TO INDEMNIFY THE TOWN OF SMITHFIELD AND THE TOWN OF SMITHFIELD SEWER AUTHORITY AND TO HOLD THEM HARMLESS FOR ANY DAMAGE AS A RESULT OF APPLICANT'S WORK PURSUANT TO THIS LICENSE.*

*NO WORK SHALL BE SUBLET BY A LICENSED DRAINLAYER UNDER THE LICENSE THAT WOULD IN ANY MANNER DIVEST THE DRAINLAYER OF THE FULL CONTROL AND RESPONSIBILITY OF THE JOB HE IS WORKING ON.*

*ALL WORK AND CONDUCT OVER AND ABOVE THE INSPECTION PHASE, E.G., EXCAVATION, LAYING OF PIPE AND CONNECTIONS, OTHER RELATED WORK AND THE DEPARTMENT OF YOUR EMPLOYEES ARE SUBJECT TO THE SUPERVISION AND APPROVAL OF THE SEWER SUPERVISOR AND/OR SUPERINTENDENT AND/OR HIS DESIGNATED REPRESENTATIVE.*

**APPLICATION FOR DRAINLAYER LICENSE**

INSURANCE \_\_\_\_\_ AMOUNT \_\_\_\_\_ EXPIRATION \_\_\_\_\_

I am familiar with all local, State and Federal Rules, Regulation, Ordinances and Statutes relating to the work anticipated to be done pursuant to this license including Occupational Safety Health Administration (OSHA) requirements which include safety devices for trench depths over 5 feet, and I will abide by same.

\_\_\_\_\_  
Drain Layer's Signature

\_\_\_\_\_  
Date

**LIST EMPLOYEES WHO WILL OPERATE EQUIPMENT:**

\_\_\_\_\_  
Name of Operator

RI License No. \_\_\_\_\_

\_\_\_\_\_  
Name of Operator

RI License No. \_\_\_\_\_

\_\_\_\_\_  
Name of Operator

RI License No. \_\_\_\_\_

\_\_\_\_\_  
Name of Operator

RI License No. \_\_\_\_\_

*Note: This application permitting work in Smithfield shall expire one (1) year from the date granted.*

**APPROVED BY THE TOWN OF SMITHFIELD'S SEWER AUTHORITY ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007.**

\_\_\_\_\_  
**Sewer Authority Authorization**