



CITY OF MANCHESTER

Department of Public Works

475 Valley Street
Manchester, NH 03103
603-624-6444
www.manchesternh.gov

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Director

APPLICATION FOR PIPE LAYER CERTIFICATION*

Name of Applicant: _____

Company Name: _____

Address: _____

City _____ State _____ Zip _____

Phone : _____ Email: _____

QUALIFICATION STATEMENT

Please answer the following questions to assist the City of Manchester 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 propose 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: _____

- c. Description of work: _____

- d. Approximate amount of contract: _____
- e. Approximate date work was done: _____

5. Have you or your organization ever failed to complete any work awarded? If so, when, where and why? _____

I certify that the above information is true and correct and to the best of my knowledge. By signing this application, I certify that I am familiar with Section 52.117 of the Sewer Use Ordinance of the City of Manchester and apply for certification as a pipe layer in accordance of the aforementioned Ordinance and the Articles pertinent to the work to be performed. As the applicant, I also agree that I will supervise and be responsible for all work performed pursuant to this certification.

I understand that this Certification shall be valid for one year from the date of execution.

For due consideration by the Department of Public Works, I am enclosing a list of complete references providing name, location and scope of prior work done along with any other evidence attesting to their qualifications.

 Signature of Applicant

 Date

 Name and Title of Applicant (Printed)

 *This completed application should be sent to:

City of Manchester
 Department of Public Works
 475 Valley Street
 Manchester, NH 03103

- Along with:
1. A \$50 (nonrefundable) application fee. Please make checks out to *The City of Manchester*
 2. A list of References as mentioned above