

**TOWN OF RAMAPO
TOWN CLERK'S OFFICE -SEWER APPLICATION
CERTIFICATE OF REGISTRATION FOR PLUMBERS AND DRAIN LAYERS**



Contact Information		
Business Name:		
Business Address:		
Mailing Address:		
Contact Person:		
Phone #:	Alt. Phone #:	
Email:	Fax #:	
Rockland County License #:		
Surety Bond & Insurance		
Surety Bond (Min. Amt. \$10,000):	Bond #:	
Name of Bonding Company:		
Public Liability Insurance (\$50,000/\$100,000):		
Property Damage Insurance (\$5,000):		
Insurance Company Name:		
Insurance Company Address:		
Insurance Policy Number:		
Workmen's Compensation		
Workmen's Compensation Certificate Required-	YES¹	NO²
¹ If checked, attach certificate ² If checked, complete and attach waiver form CE-200 as found on http://www.wcb.state.us/content/main/forms		
Personal References		
Name	Address	

\$100 Application Fee is Non- Refundable