

**City of Worcester  
Department of Public Works  
Contractor Information Update**

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**General Information**

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

FID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**License Types**

Container Company	_____
Drain Layer	_____
Driller	_____
General Contractor	_____
Restaurant	_____
Paver	_____
Utility	_____

**Insurance and Surety Information**

Name of Insurer: \_\_\_\_\_ Insurance Amount: \_\_\_\_\_

Insurance Certificate #: \_\_\_\_\_ Insurance Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Surety:                      Cash                      Bond                      Not Required

Surety Company: \_\_\_\_\_

Surety Amount: \_\_\_\_\_ Surety Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Contact Information**

Name of Competent Person: \_\_\_\_\_  
(as defined by 520 CMR 7.02)

Name of Person Performing Excavation: \_\_\_\_\_

Mass Hoisting License # \_\_\_\_\_ License Grade: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Primary Contact:    Yes    No

Name of Contact: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Primary Contact:    Yes    No

**Return the completed form to:**                      **Department of Public Works and Parks  
Permit Office  
20 East Worcester Street  
Worcester, MA 01604**

**or Fax completed form to:**                      **(508) 799-1426**