



Shoreview Public Works Dept
4600 Victoria Street North
Shoreview, Minnesota 55126
651-490-4650 | shoreviewmn.gov

Pipelayer License Verification

Applicant information

Name: _____

Company Name: _____

Address: _____

Phone number: _____ Email: _____

License information:

Type: (circle one) ABC MUCA LET OSTP Other: _____

License #: _____

Provide Additional information

Copy of Pipelayers card: Both sides

Copy of \$25,000 State Bond

Copy of Insurance - \$100,000/\$300,000 with City of Shoreview listed as the Certificate Holder

List all companies/persons authorized to apply for permits under the certification:

Name	Sewer/Water
_____	_____
_____	_____
_____	_____

Only the above named persons are authorized to apply for permits under my certification.

Pipelayer's Signature

Date

For office use

Date received: _____

By: _____

Other relevant information needed: _____