



APPLICATION FOR ELECTRICIAN REGISTRATION LOWER POTTS GROVE TOWNSHIP

2199 Buchert Road, Pottstown, Pa. 19464 610-323-0436 Fax: 610-323-3824

Please print –

Name of Master Electrician _____

Name of Firm _____

Address of Firm _____

Street

City

State

Zip Code

Phone Number _____ Fax Number _____

Make checks payable to: Lower Pottsgrove Township
Attn: Code Administration Officer
2199 Buchert Road
Pottstown, PA 19464

Registration Fee: \$75.00 for Master Electrician

Important: Enclose a Certificate of Insurance, which will cover you/your company for the entire year of _____.

Coverage Requirements: Bodily Injury \$300,000
Property Damage \$100,000

Professional Certification: Please list one or more other municipalities in which you are currently licensed to engage in the business of electrical service. Lower Pottsgrove Township reserves the right to reject any applicant who is not properly certified to be an electrician.

Workmen's Compensation Insurance: Applicant hereby certifies that all employees performing electrical work related activities within Lower Pottsgrove Township are covered by Workmen's Compensation Insurance.

I hereby make application to register to engage in and carry on the business of electrical service in Lower Pottsgrove Township as a Master Electrician.

I further certify that the information above is true and accurate to the best of my knowledge. I understand that the submission of inaccurate or incorrect information on this form could subject the applicant to a loss of registration within the Township.

Signature _____

Printed Name _____