



APPLICATION FOR CONTRACTOR REGISTRATION LOWER POTTS GROVE TOWNSHIP

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

Fee **\$75.00** _____ Date _____

TYPE OF CONTRACTOR REGISTRATION:

- General Contractor/Other Plumbing Contractor
 Mechanical/HVAC Contractor Fire Sprinkler/Suppression Contractor
 Fire Alarm Contractor Electrical Contractor

Project property address:

Business information

Firm Name _____ Phone no. _____
Address _____ Fax no. _____
City _____ State _____ Zip code _____
Email address _____
Nature of business _____

Worker's compensation policy number: _____
Liability insurance policy number: _____

PLEASE ATTACH CERTIFICATE OF INSURANCE WITH APPLICATION

Applicant information

Name _____
Title _____

PA HIC number: _____

Please list the names, addresses, and type of work for all subcontractors on this project.

NAME	ADDRESS	TYPE OF WORK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the liability insurance carrier and limits of coverage for you and your listed subcontractors.

CONT./SUBCONT. NAME	CARRIER	LIMITS	EXPIRATION DATE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The applicant hereby certifies that to the best of their knowledge, all information supplies with this application is accurate and correct. The applicant also certifies that the content of the certificate of workers compensation insurance or affidavit is still in effect with no changes in coverage.

The applicant understand that any falsification of information or an incomplete application may be considered reason to deny or reject the application and that the false statements herein are made subject to the penalties of pa cons. Stat. 4904 relating to un-sworn falsification to authorities.

Signature_____

Printed Name_____