TOWNSHIP

Contractor Registration Form

COMPLETE ENTIRE FORM & Return to: 175 W. Valley Forge Rd. King of Prussia, PA 19406

Registration #:	
Date Received:	
PA HIC Reg. #:	

610-205-8507/8508 610-265-8467 fax **PA HIC Expiration Date:** OR **CONTRACTOR:** Choose 1 Payment must New Home Bldr. **Commercial Contractor** accompany application OR \$50 \$75 **ELECTRICIAN /PLUMBER:** Jrnymn - \$25 Apntc. -\$10 Master - \$75 Company Name: Name:(Required for Plumber Reg.) Address: Contact Info: phone fax Nature of Business: <u>Job Name:</u> Type of Business (check): Corporation Partnership Sole Proprietor Number of years in business: Current number of employees: The applicant shall provide a certificate of insurance proving coverage for public liability, property damage, MOTE: products liability and completed operations, in the amount of \$300,000. email to: permits@umtownship.org Blasting and demolition contractors shall provide and additional certificate proving coverage for blasting and demolition, in the amount of \$1,500,000 Has your registration or license been revoked by any municipality within the last two years? If yes, provide an explanation: Have you been convicted of a business-related crime within the last two years? yes If yes, provide an explanation: Have you any outstanding civil judgements pertaining to your work as a contractor? If yes, provide an explanation: List Current Registrations with other Municipalities (for new contractors only) Municipality:

Municipality: Reg./License#: Municipality: Reg./License#:

I hereby certify that all statements contained herein are, to the best of my knowledge and belief, true and correct. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by law or ordinance.

Authorized Agent:		
·	Print Name	Signature

*ENTIRE FORM MUST BE COMPLETED.

Certificate of Insurance can be emailed to: permits @umtownship.org