

WEST CONSHOHOCKEN BOROUGH
112 Ford Street
West Conshohocken, PA 19428
OFFICE: 610-828-9747 FAX: 610-828-9646
CONTRACTOR REGISTRATION APPLICATION

Contractor Information

Name: _____ Daytime Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
Contractor State/Federal ID No. _____ Borough ID No. _____

Type of Contractor General Electrical Plumbing Mechanical Other

COMMERCIAL - \$75.00 NEW OR RENEWAL RESIDENTIAL - COPY OF STATE REGISTRATION

Insurance Requirements (A current certificate of insurance must accompany registration)

Liability Insurance Company _____

Policy No. _____ Expiration Date: _____

Worker's Compensation Insurance Company _____

Policy No. _____ Expiration Date: _____

Application is a qualified self-insurer for workers compensation? Yes No

Applicant Signature

Date

Exemption – This section must be notarized if applicable

Complete this section if the applicant is a contractor claiming exception from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of the Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated below:

- Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Borough.
- Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this
_____ day of _____

Signature of Application

Address: _____

(Signature of Notary Public)

My Commission Expires _____

County of: _____