



BOROUGH OF CONSHOHOCKEN  
 400 Fayette Street, Suite 200 Conshohocken, PA 19428  
 Phone (610) 828-1092 Fax (610) 828-0920

**REGISTRATION FOR CONTRACTORS: FEE: \$75**  
**USE GROUP: RESIDENTIAL**

*Fee is waived if registered  
 with State  
 Attorney Generals Office*

New Registration     Renewal     Update Only

Date of Application: \_\_\_\_\_

Corporation or Firm Name: \_\_\_\_\_ PAHIC #: \_\_\_\_\_

Classification of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Applicant is 18 or older:  Yes  No. Applicant is a citizen of the United States:  Yes  No.

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Has your Registration or License been revoked by any municipality within the last 2 years?  Yes  No

Have you any outstanding civil judgments pertaining to your work as a contractor?  Yes  No

*IF YOU ANSWERED "YES": TO ANY QUESTION PLEASE ATTACH EXPLANATION.*

Liability Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expires: \_\_\_\_\_

Workman's Compensation Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expires: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The applicant must provide certificate of insurance, maintained at the expense of the applicant, as follows: no less than \$100,000 to \$300,000 for bodily injury; no less than \$100,000 for property damage, public liability, and products liability; and at least \$50,000 for completed operations, each of which shall have a single occurrence limit. Borough of Conshohocken must be noted as HOLDER.

I am a Contractor with no employees. The law prohibits Contractors, to employ any individual to perform work, pursuant to this registration, unless Contractor provides proof of Workers' Compensation Insurance to the Borough. I certify that the statement(s) contained herein are true and correct to the best of my knowledge and belief. 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. ***THIS FORM MUST BE NOTARTIZED IF CHECKED BOX ABOVE.***

Applicant's Signature: \_\_\_\_\_

NOTARY  
(seal)

<p><b>For office use only</b> LICENSE #: _____</p> <p>ID Provided: _____ (copy) Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Confirmed with Attorney Generals Office: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Complaints with Attorney Generals Office/BBB: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Complaints from BOC: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Insurance Certificate Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed By: _____ Date Completed: _____</p>
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My Commission Expires: \_\_\_\_\_