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

# REGISTRATION FOR PLUMBERS: FEE: $75

☐New Registration ☐Renewal ☐Update Only

Date of Application: _____

Corporation or Firm Name: _____ PAHIC #: _____

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Has your Registration or License been revoked by any municipality within the last 2 years?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 QUESTIONS PLEASE ATTACH EXPLAINATION.*

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.

*THIS FORM MUST BE NOTARTIZED IF CHECKED BOX ABOVE.*

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.

Applicant's Signature: _____

NOTARY
(seal)

My Commission Expires: _____

**For office use only** **LICENSE #:** _____
ID Provided: _____ (copy) Paid: ☐Yes ☐ No
Confirmed with Attorney Generals Office: ☐Yes ☐ No
Complaints with Attorney Generals Office/BBB: ☐Yes ☐ No
Complaints from BOC: ☐Yes ☐ No
Insurance Certificate Attached: ☐Yes ☐ No
Completed By:_____ Date Completed:_____