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Has your Registration or License been revoked by any municipality within the last 2 years?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 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. 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)

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:_____