

# BOROUGH OF WEST CONSHOHOCKEN

Phone: (610) 828-9747 Fax: (610) 828-9646



## CONTRACTOR REGISTRATION APPLICATION

Contractor ID # \_\_\_\_\_

### SECTION 1. Contractor Information

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contractor State / Federal I.D. No. \_\_\_\_\_

### SECTION 2. Type of Contractor

**RESIDENTIAL - \$50.00 Fee**  **COMMERCIAL - \$75.00 Fee**

General  Electrical  Plumbing  Mechanical  Other

### SECTION 3. 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: \_\_\_\_\_

Applicant is a qualified self-insurer for workers compensation?  Yes  No  
Attach certificate if applicable.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 4. Exemption - This section must be notarized if applicable.

Complete this section if the applicant is a contractor claiming exemption 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:

- 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 Notary Public)

My Commission expires \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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

County of: \_\_\_\_\_