

Application for Contractor Registration

Date: _____ Registration #: _____
20__ __ REGISTRATION: General Contractor Electrician Plumber HVAC
 Alarm Installers Sprinkler Contractor
 (Check Applicable)

Name: _____(print) _____(signature)

Home Address: _____

Company Name: _____

Business Address: _____

Contact Person: _____ Phone #'s _____(business)

Federal or State ID #: _____ (FAX#)

Certificate of Insurance #: _____(mobile)

Worker's Comp. Policy #: _____(pager)

Note: Include an original copy of the Insurance Certificates. Limerick Township shall be named as the policyholder.

Applicants not obligated to maintain Worker's Compensation Insurance are not permitted to employ any individual to perform work pursuant to building permits issued by Limerick Township.

Please list employees covered by Worker's Compensation performing work pursuant to building permits issued by Limerick Township.

Master Plumbers: _____

Master Electricians: _____

Registration Fee: \$80.00 per company

Payment: Fee \$ _____ Check # _____ Cash _____ Receipt # _____
Date Insurance Received: _____ Card Sent: _____

NOTE: Registration expires December 31st of each year.