

LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Avenue
Feasterville, PA 19053

Phone# 215-357-7300
Fax# 215-494-2965

APPLICATION FOR CONTRACTOR REGISTRATION

Liability Insurance Expiration Date _____ License # _____

Worker's Compensation Expiration Date _____

GENERAL ELECTRICAL PLUMBER MECHANICAL
 SIGN PAVING, GRADING & WALLS FIRE PREVENTION

NAME OF BUSINESS _____
PLEASE PRINT

APPLICANT NAME _____
PLEASE PRINT

PHONE # _____ EXT. _____ FAX # _____

ADDRESS _____
PLEASE PRINT

CITY _____ STATE _____ ZIP CODE _____
PLEASE PRINT

HOME ADDRESS _____
PLEASE PRINT

BACKGROUND INFORMATION

Has any municipality refused to issue to you or revoked any similar contractors' license within the past two (2) years?

YES NO *If yes, attach written explanation of circumstances and reason for denial or revocation.*

Have you been convicted within the past two (2) years of any offenses related to your work or contracts as a contractor?

YES NO *If yes, attach written explanation of the nature of the conviction and the caption, court, and term number of proceeding.*

I HEREBY CERTIFY THAT THE STATEMENT CONTAINED HEREIN IS 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 SIGNATURE _____

APPLICANT TITLE _____
PLEASE PRINT

AUTHORIZED SIGNATURE

DATE

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

A. The applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

Yes

No

If the answer is "yes," complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant _____

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation

Certificate attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate attached

Policy Expiration Date _____

C. Exemption

Complete Section C 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 Pennsylvania's 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 township.**

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this _____ day of _____ 20____

(Signature of Notary Public)
My commission expires: _____

Signature of applicant _____
Address _____
County of _____
Municipality _____