



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

REGISTRATION FOR PLUMBERS: FEE: \$90

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Has your Registration or License been revoked by any municipality within the last 2 years?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

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: _____

<p>For office use only LICENSE #: _____</p> <p>ID Provided: _____ (copy) Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Confirmed with Attorney Generals Office: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Complaints with Attorney Generals Office/BBB: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Complaints from BOC: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Insurance Certificate Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Completed By: _____ Date Completed: _____</p>

NOTARY
(seal)

My Commission Expires: _____