



Borough of Chalfont

40 North Main Street, Chalfont PA 18914
Phone: (215) 822-7295 Fax: (215) 822-5528

Registration No.: _____

CONTRACTOR / SUBCONTRACTOR REGISTRATION APPLICATION

All **New Home or Commercial Construction Contractors** are required to register with the Borough, provide a Certificate of Insurance, and pay a fifty dollar (\$50.00) application fee.

All other Contractors, including Home Improvement and Repair must submit Proof of Certification with the Commonwealth of Pennsylvania and a Certificate of Insurance. Failure to provide this information will require a fifty dollar (\$50.00) application fee.

- **Proof of certification with the Commonwealth of Pennsylvania** indicating compliance with The Pennsylvania Home Improvement Consumer Protection Act 132.
- **Certificate of Insurance**, indicating compliance with PA Act 44 of 1993 regarding Workers' Compensation; Liability Insurance with Chalfont Borough identified as Certificate Holder and Additional Insured.

Do not send cash, please make checks payable to "Chalfont Borough." Registration will expire December 31st of the year issued.

Date of Application: _____

Pursuant to Chalfont Borough Ordinance No. 334, I/We hereby apply for Contractor/Subcontractor Registration:

Company Information

Company's Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

Type of Business: _____ Individual Proprietorship Partnership Corporation

Pennsylvania Home Improvement Contractor Certificate No.: _____ Expiration Date: _____

General Liability Insurance Carrier: _____ Policy Number: _____ Amount: _____

Workers' Compensation Insurance Carrier: _____ Policy Number: _____ Expiration: _____

Professional Liability Insurance Carrier: _____ Policy Number: _____ Expiration: _____

Number of Years in Business: _____ Number of Employees: _____

Other municipalities where registered as a Contractor/Subcontractor (also attach copies of Registration Cards): _____

Owner, Partner, Director / Officer Information

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

I/We, hereby certify that the statements contained herein are true and correct, to the best of my/our knowledge and belief. I/We understand that if I/we knowingly make a false statement herein, I/we am/are subject to such penalties as may be prescribed by law and/or Ordinance.

I/We authorize Chalfont Borough to obtain any information that may be required for the borough to verify statements contained within this application, all information shall remain the property of Chalfont Borough.

Applicant Signature: _____ Print Name: _____

Registration is for IDENTIFICATION and INSURANCE PURPOSES ONLY, and does not attest to the competency of the applicant.

Department Use:

Registration Number: _____ FEE ENCLOSED: \$ _____ Check Number: _____

Borough Representative: _____