SKIPPACK TOWNSHIP

4089 Heckler Road · P.O. Box 164
Skippack, PA 19474
PHONE: 610-454-0909 · FAX: 610-454-1385
www.skippacktownship.org

Date: _____ Registration #: _____

2017 REGISTRATION: ___Gen'l Contractor ___Electrician ___Plumber ___HVAC
(*check applicable TRADE)* ___Alarm Installer ___Sprinkler Contractor

Name: _____ _____
Print ***Signature***

Home Address: _____

_____

Company Name: _____

Business Address: _____

_____

Contact Person: _____ Phone #: _____ (Bus.)

Federal or State ID #: _____ Fax #: _____

Certificate of Insurance #: _____ Mobile #: _____

Worker's Comp. Policy #: _____ Pager #_____
(*Note: Include on original copy of the Insurance Certificate: Skippack 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 Skippack Township.

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

Master Plumber _____ _____

_____ _____

Journeymen _____ _____

_____ _____

Helpers _____ _____

_____ _____

Registration Fee: $50.00 Each Additional Trade: add $30.00 Master Plumber/Journeymen Helpers (Add'l) $10.00

Payment: _____ Fee $: _____ Check No. _____ Cash: _____ Receipt #_____

Date Insurance Received: _____ Card Sent: _____

NOTE: REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR