



SKIPPACK TOWNSHIP

www.skippacktownship.org

4089 Heckler Road - P.O. Box 164

Skippack, PA 19464

PHONE : 610-454-0909 - fax: 610-454-1385

CONTRACTOR'S REGISTRATION FORM

Date: _____ Registration #: _____

2025 REGISTRATION: (Check applicable trade)

General Contractor	Electrician	Plumber	HVAC
Alarm Installer	Sprinkler Contractor		

Name: _____
Print *Signature*

Home Address: _____

Company Name: _____ Email: _____

Business Address: _____

Contact Person: _____ Phone: _____

Federal or State ID #: _____ Fax: _____

Certificate of Insurance #: _____ Cell: _____

Worker's Comp. Policy #: _____ Pager/Email: _____

(Note: Include on original copy of the Insurance Certificate: Skippack Township shall be named as the Certificate policyholder)

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

Master Plumber _____

Journeyman _____

Helpers _____

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

Payment: _____ Fee \$: _____ Check No: _____ Cash: _____ Receipt: _____

Date Insurance Rec'd: _____ Card Sent: _____

NOTE: REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR