



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

**REGISTRATION FOR PLUMBERS: FEE: \$75**

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Has your Registration or License been revoked by any municipality within the last 2 years?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: \_\_\_\_\_

**For office use only** LICENSE #: \_\_\_\_\_

ID Provided: \_\_\_\_\_ (copy) Paid:  Yes  No

Confirmed with Attorney Generals Office:  Yes  No

Complaints with Attorney Generals Office/BBB:  Yes  No

Complaints from BOC:  Yes  No

Insurance Certificate Attached:  Yes  No

Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

NOTARY  
(seal)

My Commission Expires: \_\_\_\_\_