



CONTRACTOR REGISTRATION REQUIREMENTS

Attached is the form for all persons applying for a new or renewal contractor registration. If the permit involves home improvement work and you are registered with the State of Pennsylvania as a contractor, you do not have to register with the Township. Contractor registration is *only* required for new home construction or commercial work.

A Certificate of Insurance including general liability noting Hatfield Township as the Certificate Holder must be included with the application. In addition, the Worker's Compensation Reform Act requires information reflecting coverage amounts for Workers' Compensation, along with the contractors' Federal or State Employer Identification Number (EIN) be included as well.

REGISTRATIONS WILL NOT BE ISSUED UNLESS ALL REQUESTED FORMS ARE INCLUDED WITH THE APPLICATION AND ALL FEES ARE PAID.

MAIL COMPLETED FORM TO:

HATFIELD TOWNSHIP
Safety & Code Enforcement
1950 School Road
Hatfield, PA 19440



CONTRACTOR REGISTRATION FORM

NAME OF COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO _____ FAX NO _____

EMAIL ADDRESS _____

TYPE OF BUSINESS

Individual Proprietorship

Partnership

Corporation

Limited Liability Company

Number of years you have been in business _____

Has your license or registration been revoked by any municipality within the last 2 years? _____

Have you any outstanding civil or criminal judgments pertaining to your work as a contractor? _____

If you answered "yes" to any of these questions, please explain on back of this application.

INDIVIDUAL NAME: _____

FEE: \$75.00 each

TYPE OF REGISTRATION:

General

Electrical

HVAC/Mechanical

Plumbing

Hatfield Township, 1950 School Road, Hatfield, PA 19440

215-855-0900 215-855-0243 FAX www.hatfieldtownship.org

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION

A. THE CONTRACTOR IS:

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

YES

NO

If the answer is "yes", complete section B and C below as appropriate and sign below.

B. INSURANCE INFORMATION (If filling out this section, the **CONTRACTOR** must sign below)

Name of Contractor _____

Federal or State Employer Identification No. _____

Contractor is a qualified self-insurer for Workers' Compensation.

Certificate Attached

Name of Workers' Compensation Insurer _____

Workers' Compensation Insurance Policy No. _____

Certificate Attached (Required)

Policy Expiration Date _____

C. EXEMPTION (If filling out this section, the **CONTRACTOR** must sign below)

Complete Section C if the contractor is claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law (**Must be notarized**).

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as may be prescribed by law or ordinance.

Name / Signature _____

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