



SKIPPACK TOWNSHIP

www.skippacktownship.org
4089 Heckler Road, P.O. Box 164,
Skippack, PA 19474

PHONE: (610) 454-0909 . FAX: (610) 454-1385

Board Of Supervisors
Mark Marino – Chairman
Timothy Moran – Vice Chairman
William H. Parkins, Jr.
Mary Beth LaBelle
Jeanene A. Friel

Date: _____ Registration #: _____

2008 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 _____ _____

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 Received: _____ Card Sent: _____

NOTE: REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR