



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 #: _____

2026 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