



# SKIPPACK TOWNSHIP

[www.skippacktownship.org](http://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 #: \_\_\_\_\_

**2024 REGISTRATION:** (Check applicable trade)

- General Contractor   
  Electrician   
  Plumber   
  HVAC  
 Alarm Installer   
  Sprinkler Contractor

Name: \_\_\_\_\_  
*Print* *Signature*

Home Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

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 31<sup>ST</sup> OF EACH YEAR**