

BOROUGH OF COLLEGEVILLE
MECHANICAL CONTRACTOR REGISTRATION APPLICATION

NAME OF COMPANY: _____

ADDRESS: _____

PHONE NO: _____ FAX NO. _____

EMAIL: _____

PA REGISTRATION NO: _____

INSURANCE CO: _____

INSURANCE AGENT: _____

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.

APPLICANT SIGNATURE: _____

OFFICIAL USE ONLY

REG. NUMBER: _____ STATE OF PA REG. NUMBER: _____

AMOUNT PAID: _____ CHECK NUMBER: _____

DATE PAID: _____ DATE REG. CARD ISSUED: _____

APPROVED BY: _____

DATE: _____

BOROUGH OF COLLEGEVILLE
MECHANICAL CONTRACTOR REGISTRATION CHECKLIST

Applicant should provide the following items in order to obtain their contractor's registration:

- ✓ State of PA Contractor's Registration Number
- ✓ Copy of **Certificate of Insurance** listing as the certificate holder:
Collegeville Borough
491 E. Main Street
Collegeville, PA 19426
- ✓ **Current registration card** from another municipality (if available)
- ✓ **Check** for the correct amount

Contractor Registration fee is \$100.00 annually