

BOROUGH OF COLLEGEVILLE
PLUMBING CONTRACTOR REGISTRATION APPLICATION

Name of Company: _____

Address: _____

Email: _____

Phone No.: _____ Fax No.: _____

PA State 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: _____

OFFICIAL USE ONLY

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

AMOUNT PAID: _____ CHECK NUMBER: _____

DATE PAID: _____

DATE REGISTRATION CARD ISSUED: _____

APPROVED BY: _____

DATE: _____

Borough of Collegeville
491 E. Main Street
Collegeville, PA 19426
610-489-9208 610-489-6661 Fax www.collegeville-pa.gov

BOROUGH OF COLLEGEVILLE

PLUMBING CONTRACTOR REGISTRATION CHECKLIST

Applicant should provide the following three items in order to obtain their Plumber's Registration:

- PA State Registration Number
- Copy of **current registration card** from another municipality (both sides)
- Copy of **Certificate of Insurance** listing as the certificate holder:

Collegeville Borough
491 E. Main Street
Collegeville, PA 19426

- **Check** for the correct amount

\$100.00 annually

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