

BOROUGH OF COLLEGEVILLE
GENERAL CONTRACTOR REGISTRATION APPLICATION

PLEASE TYPE Register of Professional Contractors

NAME OF COMPANY: _____

ADDRESS: _____

EMAIL: _____

PHONE NO. _____ FAX: _____

PA REGISTRATION NUMBER: _____

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: _____ STATE OF PA REG. NUMBER: _____

AMOUNT PAID: _____ CHECK NUMBER: _____

DATE PAID: _____

DATE REGISTRATION CARD ISSUED: _____

APPROVED BY: _____

DATE: _____

BOROUGH OF COLLEGEVILLE

GENERAL CONTRACTOR REGISTRATION CHECKLIST

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

- State of PA Contractor's Registration Number
- Copy of **current registration card** from another municipality (if available)
- Copy of **Certificate of Insurance** listing as the certificate holder:

Collegeville Borough
491 E. Main Street
Collegeville, PA 19426

- **Check** for the correct amount

Contractor Registration \$100.00 annually