



Community Development Department

100 Parklane Drive • Eagleville, PA 19403

Phone: (610) 635-3512 • Fax: (610) 539-6347

www.lowerprovidence.org

CONTRACTOR REGISTRATION

You need to register with Lower Providence Township if you are scheduled/plan/expect to be involved during the coming year as a contractor in either/both of the following situations:

COMMERCIAL setting

RESIDENTIAL setting ... but are not registered with PA as a Home Improvement Contractor (*holding an HIC#*) because you did less than \$5,000.00 worth of contract work during previous year.

I wish to register as the following type of Contractor:

General Contractor

Mechanical

Electrician

Plumber

Other (*please provide description*)

Business Phone #:

Contractor Name:

Contractor Address:

City, State, Zip:

Cell #:

Email:

Applicant - Sign

Applicant Name - Print

Items to submit as part of the registration process:

- ☐ Completed Contractor Registration form: Page 1 minimum
- ☐ Required Annual Registration fee: \$100.00
- ☐ Current Certificate of Insurance
- ☐ Workers Compensation waiver signed & notarized: **Page 2 – only needed if supplied Certificate does NOT reflect Workers Compensation**

FOR OFFICE USE: Registration Fee Payment & Processing

Payment method:

Processed by:



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This page only needed if Certificate of Insurance that is supplied does not reflect Workers Compensation

Pennsylvania Workers' Compensation Exemption

Please be aware of the following requirements under the Pennsylvania Workers' Compensation Act:

- ☞ This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act
- ☞ The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder
- ☞ Any subcontractors used on this project will be required to carry their own workers' compensation coverage
- ☞ The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage
- ☞ Violation of the Workers' Compensation Act or the terms of this information form will subject the contractor to a stop-work order and other fines and penalties as provided by law

NOTE: If an exemption is claimed, this form will be maintained in Lower Providence Township records only through December 31st of the year in which it was submitted. It is the responsibility of the contractor to renew this form yearly. If the contractor wishes to provide a certificate of Workers' Compensation Insurance, the contractor must notify their insurance company that Lower Providence Township is to be named as the policy certificate holder on the certificate.

Company/Contractor:

Basis for exemption (Indicate one):

- ☐ The Contractor for this building permit is a sole proprietorship without employees
- ☐ The Contractor is a corporation, and the only employees working on the project have & are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:
- ☐ All of the Contractor's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:
- ☐ Other – Please explain:

SIGNATURE REQUIRED ON FOLLOWING PAGE



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Pennsylvania Workers' Compensation Exemption, cont'd

My signature on behalf of or as the contractor as stated on this form constitutes my verification that the statements contained herein are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lower Providence Township Municipal representatives or authorities.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Company Name: _____

Form not accepted/complete until notarized.

SECTION TO BE COMPLETED BY NOTARY:

Subscribed and sworn to / before me this

seal

_____ day of _____

Signature of Notary Public

My Commission expires: _____