



**TREDYFFRIN TOWNSHIP**  
1100 DuPortail Road, Berwyn, PA 19312  
(610) 644-1400 (610) 699-1213-fax  
[permits@tredyffrin.org](mailto:permits@tredyffrin.org)

## ANNUAL CONTRACTOR REGISTRATION FORM

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**MOBILE PHONE:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**CONTRACTOR TYPE:** ☐ General ☐ Electrical ☐ HVAC/Mechanical ☐ Plumbing ☐ Other \_\_\_\_\_

**COMMERCIAL/NEW HOME BUILDER CONTRACTOR (FEE REQUIRED):** ☐ Yes ☐ No

I have provided the \$75 Fee for a Commercial/New Home Builder Contractors: ☐ Yes ☐ No

\* Registration expires 12/31 of each year for Commercial Contractors. Any registrations made in December will be valid through the next calendar year.

**RESIDENTIAL CONTRACTOR (NO FEE REQUIRED):** ☐ Yes ☐ No

Please provide: PAHIC License Number: \_\_\_\_\_

PAHIC License Exp.: \_\_\_\_\_

For all applications, please provide:

- 1) Current certificate of insurance with minimum \$500,000 (Aggregate) general liability, along with a 30-day cancellation notice.
  - 2) Workers Compensation certificate of insurance designating Tredyffrin Township as a certificate holder.
- \*\*Notarized Worker's Compensation exemption form (if no employees).

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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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