

CONTRACTOR REGISTRATION

BOROUGH OF MALVERN  
1 E. FIRST AVE., [REDACTED], Ste. 3  
610-644-2602  
610-644-4504(FAX)

COMPANY: \_\_\_\_\_

SINGLE PROPRIETOR: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

E-MAIL ADDRESS \_\_\_\_\_

PRINCIPAL BUSINESS FUNCTION \_\_\_\_\_

ACT 44 COMPLIANCE

EFFECTIVE DATES

1. CERTIFICATE OF INSURANCE FROM CARRIER AS PROOF OF WORKER'S COMPENSATION FOR YOUR EMPLOYEES. \_\_\_\_\_ TO \_\_\_\_\_

2. CERTIFICATION OF SELF-INSURANCE FROM THE PA DEPT. OF LABOR AND INDUSTRY. \_\_\_\_\_ TO \_\_\_\_\_

3. NOTARIZED AFFIDAVIT OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE STATING YOU WILL NOT HIRE ANY EMPLOYEES TO WORK ON THE PERMITTED PROJECT.

4. REGISTRATION VIA COMPANY LETTERHEAD OR BILLHEAD, INCLUDING ADDRESS, PHONE NUMBER. POST OFFICE BOXES ARE NOT ACCEPTABLE.

5. CERTIFICATE OF INSURANCE IS REQUIRED.

6. FEE OF \$50.00 DUE WITH APPLICATION (FOR ONE YEAR FROM DATE REGISTERED)

FEDERAL TAX IDENTIFICATION NUMBER \_\_\_\_\_

STATE TAX IDENTIFICATION NUMBER \_\_\_\_\_