



OFFICIAL BOROUGH USE

CONTRACTOR REGISTRATION

Permit must be submitted with fee to:
Malvern Borough Administrative Office
1 E First Ave, Suite 3
Malvern PA 19355

I. APPLICANT INFORMATION

Company Name: _____

Mailing Address: _____
Street

City Zip Code

Proprietor: _____
First Name Last Name

Contact Information: _____
Business Phone Home or Mobile (Circle)

Email

Principle Business Function: _____

State Tax Identification #: _____ Federal Identification #: _____

II. ACT 44 COMPLIANCE (Cert. of Insurance Required)

- 1) **Certificate of Insurance** – Carrier proof of Worker’s Compensation for employees Coverage Dates: FROM _____ TO _____
- 2) **Certificate of Self-Insurance from the PA Department of Labor and Industry**
Coverage Dates: FROM _____ TO _____
- 3) **Notarized Affidavit of Exemption from Worker’s Compensation Insurance** stating you will not hire any employees to work on the permitted project.

III. APPLICANT SIGNATURE

I declare under penalties of perjury that this registration has been examined by me and to the best of my knowledge and believe is a true, correct and complete registration.

Applicant Signature: _____

Date: _____



IV. BOROUGH ADMIN REVIEW

Received Date: _____

Fees Collected: Yes No Fees: \$_____ Check #: _____ Date: _____

iWorQ: Yes No Permit #: _____ Date: _____

Cert Issued: Yes No Date Mailed: _____

Admin Signature: _____

Date: _____