

# CONTRACTOR REGISTRATION

BOROUGH OF MALVERN  
1 E. FIRST AVE., 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. CERTIFICATE OF INSURANCE IS REQUIRED.

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

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

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