

CONTRACTOR REGISTRATION

Permit must be submitted to:

Malvern Borough Administration

1 East First Avenue, Suite 3, Malvern, PA 19355

(Mon-Fri; 9:00AM – 12:00PM, 1:00PM – 5:00PM)

OFFICIAL BOROUGH USE

Amt. Paid \$_____ Check #_____

Date_____ Permit #_____

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: _____