

# UPPER FREDERICK TOWNSHIP

P.O. Box 597, Frederick, PA 19435

TOWNSHIP BUILDING  
3205 BIG ROAD, OBELISK, PA 19492

TELEPHONE  
(610) 754-6436  
FAX  
(610) 754-6828

## CONTRACTOR REGISTRATION

Date: \_\_\_\_\_ Registration #: \_\_\_\_\_

**REGISTRATION:**    General Contractor    Electrician    Plumbing    HVAC  
(Circle Applicable)    Alarm Installer    Sprinkler Contractor

Name: \_\_\_\_\_ (print) \_\_\_\_\_ (signature)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #'s \_\_\_\_\_ (business)

Federal or State ID #: \_\_\_\_\_ (fax)

Certificate of Insurance #: \_\_\_\_\_ (mobile)

Worker's Comp. Policy #: \_\_\_\_\_ (pager)

**Note:** Include an original copy of the Insurance Certificates. Upper Frederick Township shall be named as an additional insured.

**Applicants not obligated to maintain Worker's Compensation Insurance are not permitted to employ any individual to perform work pursuant to building permits issued by Upper Frederick Township.**

Please list employees covered by Worker's Compensation performing work pursuant to building permits issued by Upper Frederick Township.

Master Plumbers: \_\_\_\_\_

Journeyman: \_\_\_\_\_

Helpers: \_\_\_\_\_

**Registration Fee: \$50.00**

**Each Additional Trade: Add \$30.00**

**Payment:** Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Insurance Received: \_\_\_\_\_ Card Sent: \_\_\_\_\_

**NOTE:** Registration expires December 31<sup>st</sup> of each year.