



Municipality of Norristown  
A Home Rule Municipality

235 E Airy Street  
Norristown, PA 19401-5003  
610-272-8080  
610-279-7548 Fax#

**Contractor Registration Application**

Please mark all that apply: Master  Plumber  Electrician   
General  HVAC

\*\* Please note: If you are a General Contractor, please include your state license number \*\*

Business Name : \_\_\_\_\_

Business Address: (Street) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

Business Phone : \_\_\_\_\_ Business Fax: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Type of Work Business Performs: \_\_\_\_\_

**Contractor registration will be issued only if the following is present and up to date at the time of registration:**  
The applicant must be able to prove financial responsibility by furnishing a Certificate of Insurance as evidence of valid Worker's Compensation. Public Liability Insurance in the amount of five hundred thousand dollars (\$500,000.00) and damage insurance in the amount of one hundred thousand dollars (\$100,000.00). The Certificate of Insurance must name the Municipality of Norristown as the Certificate holder. The necessary information should be submitted at the time of registration.

\*\*The fee for registration in the Municipality is \$70 per company prior to March 1<sup>st</sup>, this fee will then increase to \$80 after March 1<sup>st</sup>. Postmarked applications will be accepted for before or the date of. Please make all checks/money orders payable to the Municipality of Norristown. Any further information can be found in Ordinance 99-13, General Building of Contractors Ordinance.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Official Use**

Date Paid: \_\_\_\_\_ Check# \_\_\_\_\_ RS# \_\_\_\_\_ License # \_\_\_\_\_

MUNICIPALITY OF NORRISTOWN  
WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION

a. The applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law

\_\_\_\_\_ YES \_\_\_\_\_ NO

If the answer is "yes" complete section B and C below as appropriate

**B. Insurance Information**

Name of applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for Workers Compensation

\_\_\_\_\_ Certificate Attached

Name of workers Compensation Insurer \_\_\_\_\_

\_\_\_\_\_ Certificate Attached

Policy Expiration Date \_\_\_\_\_

**C. Exemption**

Complete Section C if the applicant is a contractor claiming exemption from providing workers compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers compensation insurance under the provisions of the PA Workers Compensation Law for one of the following reasons as indicated:

\_\_\_\_\_ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.

\_\_\_\_\_ Religious exemption under the Workers Compensation Law.

Commonwealth of Pennsylvania  
County of Montgomery

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_