

CONTRACTOR REGISTRATION AND PLUMBER LICENSING

THE APPLICATION FEE IS \$80.00 FOR CONTRACTORS AND ELECTRICIANS.

THE APPLICATION FEE FOR MASTER PLUMBERS IS \$80.00 AND \$25.00 FOR JOURNEYMAN.

If registering for both contractor and plumbing licenses only one fee of \$80.00 is required.

Please complete the application in full. You must answer every question on the form and <u>SIGN & DATE ITEMS #8 & #9</u>. Return the application with your payment. Have your insurance agent issue a Certificate of Insurance naming CALN TOWNSHIP as the Certificate Holder, showing your General Liability and Workers Compensation coverage, if applicable. Your Contractor's Registration cannot be issued without the Certificate of Insurance accompanying the application.

	PLEASE COMPLETE THE FO	LLOWING INFORMATIO	N	
Regis	stration YearDate of Application:			
	I Township Contractor Number of Vehicle stration I.D. #	es		
1.	Business Name	Telephone #:		
	Address			
	City	State	Zip	
	Email Address			
2.	Names of Owner, Partners, Directors and Officers			
	Name			
3.	Type of Business:			
4.	Number of Employees			

DEPARTMENT OF BUILDING & LIFE SAFETY



Has any other municipality denied your company of any similar Contractor's registration or license in the last two (2) years?			
Yes No	_ (Section 3.B.2.)		
If yes, give explanation why:			
List all convictions within two (Section 3.B.4), if not, please	o (2) years prior to the date of the application insert "none".		
List all unsatisfied civil judgments in any jurisdiction that involved lawsuits in which it was alleged that the applicant failed to complete or improperly perform a contract (Section 3.B.5.), if not, please insert "none".			
I hereby agree that the information in this application shall be available to the bublic for inspection and if I am granted a Contractor Registration, I agree to accept and be governed by all ordinances, rules and regulations which are or may be adopted by the Board of Commissioners of Caln township.			
Signature:	Date		
Signature:Owner			
be done as described and will	at the above statements are true and that all work will II comply with all provisions of the Township of Caln dinance 1994-2 (copy of which may be obtained upon ce).		
Signature:	Date		
Owner			
THE FOLLOWING INFORMATAPPLICATION.	TION MUST BE SUBMITTED WITH THE		

DEPARTMENT OF BUILDING & LIFE SAFETY

Certificate of Insurance as required under Section 9 of the Ordinance including Workers

Compensation Coverage.

Raymond Stackhouse, Director