## BOROUGH OF COLLEGEVILLE MECHANICAL CONTRACTOR REGISTRATION APPLICATION

NAME OF COMPANY:
ADDRESS:
PHONE NO.: FAX NO.:
PA REGISTRATION NUMBER:
INSURANCE CO.:
INSURANCE AGENT:
I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as may be prescribed by law or ordinance.  APPLICANT:
OFFICIAL USE ONLY
REG. NUMBER: STATE OF PA REG. NUMBER:
AMOUNT PAID: CHECK NUMBER:
DATE PAID:
DATE REGISTRATION CARD ISSUED:
APPROVED BY:
DATE:

## **BOROUGH OF COLLEGEVILLE**

## MECHANICAL CONTRACTOR REGISTRATION CHECKLIST

Applicant should provide the following three items in order to obtain their Contractor's Registration:

- State of PA Contractor's Registration Number
- Copy of <u>current registration card</u> from another municipality (if available)
- Copy of <u>Certificate of Insurance</u> listing as the certificate holder:

Collegeville Borough 491 E. Main Street Collegeville, PA 19426

• <u>Check</u> for the correct amount

Contractor Registration \$100.00 annually