



Upper Dublin Township

370 Commerce Drive
Fort Washington, PA 19034
Phone: 215-643-1600
Fax: 215-643-8843
www.upperdublin.net

Contractor Registration

(Formerly Workers Compensation Form)
(NO FEE REQUIRED)

**PLEASE PRINT CLEARLY OR COMPLETE FILLABLE FORM
INCOMPLETE FORM WILL NOT BE ACCEPTED**

CONTRACTOR INFORMATION

Company:		Contact:	
Street Address:			
City:		State:	Zip:
Phone:	Cell:	E-mail:	
Federal Employer Identification # or Social Security #:			
PA Home Improvement Contractor # PA		Expiration Date:	N/A (Commercial Only):

INSURANCE COVERAGE INFORMATION

Which of the following applies:

Contractor has workers' compensation insurance: Please attach Certificate of Insurance showing general liability and workers' compensation with "Upper Dublin Township" as a certificate holder.

Contractor is claiming exemption from providing workers' compensation insurance: Please attach Certificate of Insurance showing general liability with "Upper Dublin Township" as a certificate holder and ***complete the EXEMPTION section below and have this form notarized.***

WORKERS COMPENSATION EXEMPTION

(TO BE COMPLETED & NOTARIZED ONLY IF CLAIMING EXEMPTION)

The undersigned swears and affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's 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 Upper Dublin Township

Religious Exemption under the Workers' Compensation Law

Contractor's Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____ 20____

(Signature of Notary Public)