



Date _____

CONTRACTOR REGISTRATION

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

Type of Construction:

Please choose one: Commercial Residential

Please choose one: Electrical Fire Protection General Building Mechanical Plumbing

PA State Registration # _____ \$75.00 fee if applicable* _____

PA State Registration Expiration Date _____

* fee applicable on ALL commercial jobs and/or contractors without a PA State Registration #

ICC Certification # _____ Willistown Registration # _____

CERTIFICATE OF INSURANCE REQUIRED WITH APPLICATION

Contractor Information:

Name of Company _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____

Incorporated (Yes) _____ (No) _____ How Long _____

Print Name of Contractor _____ Telephone Number _____

Contractor Signature _____

President, Secretary, Treasurer or Partners Information:

Name _____

Address _____ City _____ State _____ Zip _____

Bank Reference _____

Suppliers _____

Projects completed within the last 3 years _____

Please do NOT write below this line

Building Code Official _____ Date _____

Approved _____ Reason for Disapproval _____