

UPPER PROVIDENCE TOWNSHIP
DEPARTMENT OF LICENSES AND INSPECTIONS
ANNUAL COMMERCIAL CONTRACTOR REGISTRATION FORM

The applicant for the Township Permit, in compliance with Act 44 of 1993, hereby submits (check all that apply):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption
- Certification from PA Dept. of Labor and Industry (attach copy)
Registration No.:_____

If an exemption is being claimed, please complete the following and sign in the presence of a Notary Public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without employees
- Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act. Please explain: _____
- All of the contractor/applicants' employees on the project are exempt on religious grounds under Section 304.2 of the Workers Compensation Act. Please explain: _____
- Other. Please explain: _____

Name of Applicant:_____	Phone #:_____	
Address:_____	Email:_____	
City:_____	State:_____	Zip Code:_____
Signature of Applicant:_____	Date:_____	

<ol style="list-style-type: none">1. All subcontractors used on this project will be required to carry their own workers' compensation coverage2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

FEE RECEIVED ON _____ CHECK # _____
RECEIVED BY _____ RECEIVED FROM _____