	MORTON BOROUGH
	500 Highland Ave.
	Morton, PA 19070
	610-543-4565 – fax 610-543-8392
	mortonboro1@yahoo.com
	CONTRACTOR INSURANCE VERIFICATION FORM
	PA REGISTRATION # VERIFICATION
DATE	
NAME OF	
COMPAN	Y
PA REGIS	STRATION NUMBER
STREET A	ADDRESS
CITY/ZIP	
PHONE_	_()FAX()
TYPE OF	TRADE
	RE OF APPLICANT

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A COPY OF THE Contractor's Liability Insurance Certificates Worker's Compensation Insurance Certificate, where applicable, and State Home Improvement Contractor Certificate shall be attached. Failure to supply the Certificate(s) in ten (10) days will result in the application being revoked and a citation being issued. Fines will be up to \$1000.

> <u>Martha Preston</u> Borough Secretary

I	IORTON BOROUGH
	500 Highland Ave.
	Morton, PA 19070
	610-543-4565 – fax 610-543-8392 mortonboro1@yahoo.com
	PLICATION FOR CONTRACTOR LICENSE ERCIAL/UTILITY OR NEW RESIDENTIAL
	<u>INSTRUCTION CONTRACTORS ONLY</u>
<u>LICENSE GOO</u>	<u>ANNUAL FEE - \$100.00</u> D FOR CALENDAR YEAR JANUARY 1-DECEMBER 31
DATE	
NAME:	
	NUMBER
STREET ADDRESS	
PHONE()	FAX()
TYPE OF TRADE	
	LICANT
PAYMENT RECEIVE	

A COPY OF THE Contractor's Liability Insurance Certificates Worker's Compensation Insurance Certificate, where applicable, and State Home Improvement Contractor Certificate shall be attached. Failure to supply the Certificate(s) in ten (10) days will result in the application being revoked and a citation being issued. Fines will be up to \$1000.

> <u>Martha Preston</u> Borough Secretary