

TOWNSHIP OF HAVERFORD
DEPARTMENT OF CODES ENFORCEMENT
1014 Darby Road
Havertown, PA 19083
(610) 446-1000 Ext. 2252
Fax: (484) 454-4186
lisa@havtwp.org

NEW MECHANICAL/HVAC CONTRACTORS LICENSE APPLICATION

BUSINESS INFORMATION

Company Name _____
Address _____
City _____ State _____ Zip _____
Office Phone Number _____ Cell Number _____
Email Address _____ State HIC # _____
Fed ID # _____

APPLICANT INFORMATION

Title _____
Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Title _____
Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

INSURANCE

Liability Insurance _____ Policy # _____
Agent for Insured _____ Phone Number _____
Workers Compensation _____ Policy # _____
Agent for Insurance _____ Phone Number _____

Certificate of Liability and Workers Compensation or Affidavit Attached _____

I HEREBY 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 STATEMENT HEREIN, I AM SUBJECT TO SUCH PENALTIES AS MAY BE PRESCRIBED BY LAW OR ORDINANCE.

WE AUTHORIZE YOU TO OBTAIN ANY INFORMATION THAT YOU REQUIRE CONCERNING STATEMENT IN THIS APPLICATION, WHICH SHALL REMAIN THE PROPERTY OF HAVERFORD TOWNSHIP

SIGNATURE OF APPLICANT

FEE: \$75.00 PAYABLE TO HAVERFORD TOWNSHIP