TOWNSHIP OF HAVERFORD DEPARTMENT OF CODES ENFORCEMENT

1014 Darby Road Havertown, PA 19083 (610) 446-1000 X 2252 Fax: (484)454-4186 lisa@havtwp.org

NEW MASTER ELECTRICAL CONTRACTORS LICENSE APPLICATION

BUSINESS INFORMATION

Company Name				
Address_				
City	State	Zip		
Office Phone Number	Cell Nu	mber		
Email Address	Sta	State Zip Cell Number State HIC #		
Fed ID #				
	APPLICANT INFO	RMATION		
Name:	Phone	Phone Number		
Address:	City	State	Zip	
COPY OF MASTERS LICENSE ATT	ACHED			
	INSURANC	CE		
Liability Insurance	Police	Policy #		
Agent for Insured	Phor	Policy # Phone Number		
Workers Compensation	Polic	Policy #		
Agent for Insurance	Phone	Policy #Phone Numberpensation or Affidavit Attached		
Certificate of Liability and Workers Co	ompensation or Affida	vit Attached		
JOURNEYMEN \$15.00 EACH	APPRE	APPRENTICE \$7.50 EACH		
NAME:	NAME:	NAME:		
NAME:NAME:	NAME:	NAME:		
NAME:	NAME:	NAME:		
NAME:	NAME:	NAME:		
I HEREBY CERTIFY THAT THE STATEMENTS AND BELIEF. I UNDERSTAND THAT IF I PENALTIES A		FALSE STATEMENT H	EREIN, I AM SUBJECT TO SUCH	
WE AUTHORIZE YOU TO OBTAIN ANY INFO WHICH SHALL	ORMATION THAT YOU RE REMAIN THE PROPERTY			
	SIGNAT	TURE OF APPLICA	ANT	

FEE: \$75.00 PAYABLE TO HAVERFORD TOWNSHIP