



**UPPER UWCHLAN TOWNSHIP**

**CONTRACTOR REGISTRATION APPLICATION**

DATE: \_\_\_\_\_

STATE REGISTRATION # \_\_\_\_\_

Please check the type of contractor:

☐ General Contractor

☐ Electrical Contractor

☐ Mechanical Contractor

☐ Plumbing Contractor

☐ Other Contractor    Type: \_\_\_\_\_

☐ Fire Protection Contractor

☐ Electrical Inspection Agency

I HEREBY MAKE APPLICATION FOR REGISTRATION

☐ NEW

☐ RENEWAL

(Please Print)

NAME OF CONTRACTOR: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

MAKE CHECKS PAYABLE TO:

UPPER UWCHLAN TOWNSHIP  
140 POTTSTOWN PIKE  
CHESTER SPRINGS, PA 19425  
Phone: (610) 646-7001  
Fax (610) 458-0307

REGISTRATION FEE:

\$ 50.00 Contractor Registration  
\$150.00 Electrical Inspection Agency

**IMPORTANT:** Enclose a Certificate of Insurance showing your liability and workers' compensation limits that will cover you/your company for the entire year of **2026**. Coverage requirements are as follows:

Bodily injury & Property Damage Combined:

\$500,000 each occurrence  
\$1,000,000 Aggregate

Contractual Liability-Bodily Injury & Property Damage Combined:

\$500,000 each occurrence  
\$1,000,000 Aggregate

Business Auto Liability:

\$500,000 each person  
\$500,000 each occurrence  
Property Damage \$500,000

Umbrella Excess Liability:

\$1,000,000 over primary insurance  
\$1,000,000 per occurrence  
\$1,000,000 annual aggregate