

SULLIVAN COUNTY CONTRACTOR REGISTRATION FORM

Following is the form required by the Sullivan County Building Code Enforcement Program for Contractors to perform services in Sullivan County. This Form may be printed, filled out, and mailed to:

SCCOG, PO BOX 239 Dushore, PA 18614

Fee for registration is \$60.00.

Business, Company or contractor Name:

Name must be exactly the same on all documents or the application will be returned.

Name of Applicant:

Individual Address Information:

Individual Address

City, State, Zip

Telephone #

If Partnership or Corporation, List ALL partners or officers, including address:

If more space is needed use back of application

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Telephone #

Telephone#

EIN****

EIN****

Date of Birth

Date of Birth

Insurance Information*

*The original CERTIFICATION OF INSURANCE must be submitted with the exact same business name as on the Application for Contractor Registration. There can be no errors, corrections, omissions, additions, alterations or white-outs. Also, if insurance lapses or runs-out and an updated certificate is not received, you will no longer be considered a certified/registered contractor.***If numbers are not submitted your registration will not be processed,

I, (We), the undersigned, hereby state that the above information is true in substance and correct to the best of my (our) knowledge and are made in good faith. I understand that this registration is a matter of public record and the information contained herein will be available to the Public. I understand and agree that failure to provide requested information or provide false information in this registration form can result in denial, suspension, or cancellation of a registration and can result in a stop work notice. I further understand and agree that revocation, suspension, denial of my registration or a work stoppage is no fault of any municipality within Sullivan County or the Sullivan County COG, nor any of its contracted services or any of its employees.

Signature

Date

Print name