# RENEWAL APPLICATION FOR HOME IMPROVEMENT REGISTRATION 2025

**Current Business Name: _____**

**Address: _____**

**_____**

**Phone Number: _____ Registration. No.: _____**

**Fax Number: _____ E-mail Address: _____**

**THE ABOVE NAMED CONTRACTOR CERTIFIES THE FOLLOWING:**

**( ) No Changes have occurred in the information furnished in the original application.**

**( ) Changes have occurred in the information furnished in the original application. Please list below any changes in name, address, phone number for your company.**

**LIST CHANGES ONLY:**

**Name: _____**

**Address: _____**

**City, State, Zip: _____**

**Phone Number: _____Fax No. :_____**

**<u>REGISTRATION WILL NOT BE ACCEPTED WITHOUT RECEIPT OF CURRENT INSURANCE CERTIFICATION!</u>**

**PLEASE CHECK BELOW:**

**LIABILITY INSURANCE ATTACHED _____**

**WORKERS' COMPENSATION ATTACHED _____**
**(FORMS C-105.2, U-26.3 or SI-12, GSI-105.2)**

**NEW YORK STATE DISABILITY ATTACHED _____**
**(FORMS DB-120.1 or DB-155)**

**NUMBER OF EMPLOYEES: _____**

**IF NO EMPLOYEES, NYS WORKERS COMPENSATION AND/OR DISABILITY INSURANCE CE-200 EXEMPTION FORM _____**

**_____ DATE: _____**
**Signature and Title**