1 East First Avenue
Suite 3
Malvern, PA 19355

(O) 610-644-2602
(F) 610-644-4504
malvern@malvern.org

CONTRACTOR REGISTRATION

Application must be submitted via email or by mail to:
Malvern Borough Administration
1 East First Avenue, Suite 3, Malvern, PA 19355
(Mon-Fri 9:00am-12:00pm, 1:00pm-5:00pm)

Remit Payment Online
www.malvern.org

1. APPLICANT INFORMATION

Company Name: _____

Company Address: _____
Street

_____
City ZIP Code

Proprietor: _____
First Last

Contact Information: _____ _____
Phone Email

Principle Business Function: _____

State Tax Identification #: _____ **Federal Identification #:** _____

2. ACT 44 COMPLIANCE (Cert. of Insurance Required)

1. **Certificate of Insurance:** Carrier proof of Worker's Compensation for employees
   Coverage dates: From _____ to _____
2. **Certificate of Self-Insurance:** from the PA Department of Labor and Industry
   Coverage dates: From _____ to _____
3. **Notarized Affidavit of Exemption:** from Worker's Compensation Insurance stating that you will not hire any employees to work on the permitted project.

3. FEES & APPLICANT SIGNATURE

Fee: $100.00

I declare under penalties of perjury that this registration has been examined by me and to the best of my knowledge and believe is a true, correct and complete registration.

Applicant Signature: _____ **Date:** _____