



West Rockhill Township

1028 Ridge Road
Sellersville, PA 18960
215-257-9063
Fax 215-257-0701

www.westrockhilltownship.org

West Rockhill Township Use

Reg No.

ELECTRICAL UNDERWRITER REGISTRATION APPLICATION

The applicant shall submit the following information with each application: **Application fee of \$75.00** and a copy of the **Certificate of Insurance**, indicating compliance with PA Act 44 of 1993 regarding Workers' Compensation and Liability Insurance **with West Rockhill Township identified as Certificate Holder and Additional Insured**. Do not send cash. Please make checks payable to West Rockhill Township. Registration will expire December 31 of the calendar year issued.

Date: _____

Company Information

Firm Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

Email Address: _____

Type of Business: _____
__ Individual Proprietorship __ Partnership __ Corporation

Insurance Information

General Liability Ins. Carrier: _____ Policy Number: _____ Amount: _____

Workers' Comp. Ins. Carrier: _____ Policy Number: _____ Expiration: _____

Owner, Partner, Director / Officer Information

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

I/we, hereby certify that the statements contained herein are true and correct, to the best of my/our knowledge and belief. I/we understand that if I/we knowingly make a false statement herein, I/we am/are subject to such penalties as may be prescribed by law and/or Ordinance.

I/we authorize West Rockhill Township to obtain any information that may be required for the township to verify statements contained within this application, all information shall remain the property of West Rockhill Township.

I/we, agree to send documentation of each electrical inspection to one of the following:

Email: sbaringer@westrockhilltownship.org

Fax: 215-257-0701

Mail: West Rockhill Township, 1028 Ridge Road, Sellersville PA 18960

Documentation must include the following information: Permit Number, Jobsite Address, Type of Inspection, Pass or Fail

Applicant Signature: _____



2017
Approved Electrical Underwriters

**Please fill in only the information you would like listed on the
2017 Approved Electrical Underwriters list which is posted on the website
and also issued with each electrical permit.**

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

