

Borough of Clifton Heights
30 S. Springfield Road
Clifton Heights, PA 19018
610-623-3223 Fax 610-284-1461

2014

APPLICATION TO OBTAIN A ELECTRICIANS LICENSE UNDER ORDINANCE # 637

REQUIREMENTS:

- 1) A CERTIFICATE OF INSURANCE WITH THE BOROUGH OF CLIFTON HEIGHTS LISTED AS THE HOLDER.
- 2) A CHECK IN THE AMOUNT OF \$50.00 MADE PAYABLE TO THE BOROUGH OF CLIFTON HEIGHTS.

FIRM NAME: _____
OWNER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE#: _____ PAGER/CELL#: _____
NUMBER OF YEARS IN BUSINESS: _____

EMPLOYER IDENTIFICATION NUMBERS:

() CITY: _____
() STATE: _____
() FEDERAL: _____

TYPE OF BUSINESS:

- () CORPORATE
() PARTNERSHIP
() SOLE PROPRIETOR

INSURANCE PROVIDER: _____
AGENT: _____ PHONE#: _____
GENERAL LIABILITY-POLICY# _____
WORKER COMPASENTATION POLICY# _____
**(IF YOU DO NOT HAVE A WORKSMAN COMPENSATION YPU MUST SUBMIT A
NOTORIZED AFFIDAVIT)**

SIGNATURE: _____ DATE: _____