



Please refer to instruction sheet. Please type or print clearly. You must answer each section on this application.
Attach additional sheets of paper as necessary, identifying the applicant's name and the question to which you are providing a response.

Information that you provide on this application may be subject to public disclosure under Pennsylvania's Right to Know Law. (Social Security Numbers and driver's license numbers will not be publicly disclosed.)

Notice: Please be advised that the Office of Attorney General must be notified within 20 days of any change to the information provided in this registration application. You must also inform your current customers in writing of any changes to your insurance coverage, business name, address or contact information within 10 days.

Section A

Please check which applies:

Individual Corporation Limited Liability Company Limited Partnership General Partnership Joint Venture

Section B1 - Individual Applicants

_____ First name		_____ Middle name		_____ Last name		_____ Maiden name	
_____ Date of birth		_____ Social Security number		_____ Driver's license number / State issued ID number		_____ Issuing state	_____ Home telephone number
_____ Home street address/apartment				_____ City		_____ State	_____ Zip
_____ Business name				_____ Website address			
_____ Business address				_____ City		_____ State	_____ Zip
_____ Mailing address (if different than above)				_____ City		_____ State	_____ Zip
_____ Business telephone number		_____ Fax number*		_____ Email address*		Check box if you want email updates <input type="checkbox"/>	
_____ Federal employer identification number (if applicable)							
_____ All prior business names and addresses of home improvement businesses operated by the individual							

* Optional, however we can contact you more quickly if necessary if this information is provided.

Section B2 - Business Applicants - Corporation, Limited Liability Company, Limited Partnership, General Partnership, or Joint Venture
Please supply information for the business registering.

Business name		Contact person		
Business address	City	State	Zip	
Mailing address (if different than above)	City	State	Zip	
Telephone number	Fax number*	Email address*		
Federal employer identification number		Website address		

Business applicants, please supply information in the spaces below for each partner, officer, manager and joint venturer.

First name	Middle name	Last name	Title (President, Manager, Partner, etc.)	
Date of birth	Social Security number	Driver's license number / State issued ID number	Issuing state	Federal employer identification number (if applicable)
Home street address/apartment	City	State	Zip	
Telephone number	Fax number*	Email address*		

All prior business names and addresses of home improvement businesses operated by the individual

First name	Middle name	Last name	Title (President, Manager, Partner, etc.)	
Date of birth	Social Security number	Driver's license number / State issued ID number	Issuing state	Federal employer identification number (if applicable)
Home street address/apartment	City	State	Zip	
Telephone number	Fax number*	Email address*		

All prior business names and addresses of home improvement businesses operated by the individual

* Optional, however we can contact you more quickly if necessary if this information is provided.

Section B2 - Business Applicants continued

First name	Middle name	Last name	Title (President, Manager, Partner, etc.)		
Date of birth	Social Security number	Driver's license number / State issued ID number	Issuing state	Federal employer identification number (if applicable)	
Home street address/apartment		City	State	Zip	
Telephone number	Fax number*		Email address*		

All prior business names and addresses of home improvement businesses operated by the individual

First name	Middle name	Last name	Title (President, Manager, Partner, etc.)		
Date of birth	Social Security number	Driver's license number / State issued ID number	Issuing state	Federal employer identification number (if applicable)	
Home street address/apartment		City	State	Zip	
Telephone number	Fax number*		Email address*		

All prior business names and addresses of home improvement businesses operated by the individual

Attach additional sheets of paper as necessary

List the names of all directors and all parties holding greater than a 5% equity interest.

First name	Middle name	Last name
First name	Middle name	Last name
First name	Middle name	Last name
First name	Middle name	Last name
First name	Middle name	Last name
First name	Middle name	Last name

Attach additional sheets of paper as necessary

Section C

List all other names under which the applicant does business:

Businesses and individuals cannot conduct business in Pennsylvania through any assumed or fictitious name that is not registered with the Pennsylvania Department of State.

Section D

For out-of-state businesses, provide the name and address of the entity's resident agent or registered office within Pennsylvania.

Name

Address City State Zip

Section E - Other Registrations or Licenses

If the applicant (individual or business) is currently registered or licensed as a contractor in any other state or political subdivision please list each license or registration and include the state where it was issued and the registration or license number, if applicable.

State Issuer of license or registration License/registration number

State Issuer of license or registration License/registration number

State Issuer of license or registration License/registration number

Section F - Description of Business

Please provide a full description of the services you provide.

Attach additional sheets of paper as necessary

Section G - Background

Have you or any individual or business named in this application ever:

Been convicted or pled guilty to:

- a criminal offense related to a home improvement transaction
- fraud
- theft
- a crime of deception
- a crime involving fraudulent business practices

- Filed a petition in bankruptcy
- Had a civil judgment entered against the person or their business or a business in which the person held an interest within the past 10 years that was related to a home improvement transaction
- Had a home improvement registration or license issued by any state or political subdivision revoked or suspended pursuant to an order issued by a court
- Within the last 10 years, been suspended or debarred from participating in any federal, state, local or not-for-profit program through which public funding or other assistance is provided to owners for home improvements
- None of the above**

If any of the above apply, please supply additional information below. Specify **each** person/entity involved and the action(s) involving them.

Name of person or entity against whom action was taken or who filed bankruptcy	Date of action	Name and address of government agency that took action or court name, caption of case and docket number	Action taken

Section H - Insurance

Applicants are required to have insurance for personal injury liability in an amount of at least \$50,000 and property damage in the amount of at least \$50,000 per occurrence. Please provide policy information below.

Name of insured (as it appears on the policy)

Name of insurance company

NAIC number

Policy number

Expiration date

Coverage limits: \$

Personal injury

\$

Property damage

Attach additional sheets of paper as necessary

I understand that any false statements made in this application are subject to the penalties relating to unsworn falsification to authorities, 18 Pa. C.S.A. § 4904.



CERTIFICATION

I certify that all of the information provided in connection with this application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies, failure to make full disclosures, or failure to comply with the requirements of the Home Improvement Consumer Protection Act may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Pennsylvania Office of Attorney General.

I understand that any false statements made in this application are subject to the penalties relating to unsworn falsification to authorities, 18 Pa. C.S.A. § 4904.

I agree to cooperate fully with any request by the Pennsylvania Office of Attorney General to provide any assistance or information and to produce any records requested by the Pennsylvania Office of Attorney General, and to cooperate in any inquiry, investigation or hearing conducted by the Pennsylvania Office of Attorney General.

You must complete all five lines below:

Name of applicant (please print)

Name of person completing form (please print)

Title (please print)

Signature

Date

The applicant must submit the following:

- (1) Completed application;
- (2) Nonrefundable check or money order in the amount of \$50 payable to "Commonwealth of Pennsylvania" for the application fee.

Mail to: Pennsylvania Office of Attorney General
15th Floor, Strawberry Square
Harrisburg, Pa 17120

ATTN: Home Improvement Contractors Registration