

PAID

Check No. \_\_\_\_\_  
Amount \_\_\_\_\_  
Date \_\_\_\_\_  
Receipt # \_\_\_\_\_

CHARTER TOWNSHIP OF YORK  
Contractor Registration Form

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

License Number: \_\_\_\_\_

Type of License: \_\_\_\_\_

Address of Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

Qualifying Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ State: \_\_\_\_\_

Expires: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Q.O. Signature: \_\_\_\_\_

WORKMANS COMPENSATION INFORMATION:

Name of Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

MESC Number: \_\_\_\_\_

Federal Tax #: \_\_\_\_\_ State Tax #: \_\_\_\_\_

Please bring a copy of original license.

Please have one picture I.D., state drivers license or I.D. card preferred.

P.O. address will not be accepted as a address