



COMMONWEALTH OF PENNSYLVANIA

OFFICE OF ATTORNEY GENERAL

Bureau of Consumer Protection
15th Floor Strawberry Square
Harrisburg, PA 17120
Phone: 717-772-2425
www.attorneygeneral.gov

Home Improvement Contractor Registration Application Instructions

Anyone who owns or operates a home improvement business or who offers, performs, or agrees to perform home improvements in Pennsylvania **must** register with the Office of Attorney General unless they are specifically exempted¹ under Pennsylvania’s Home Improvement Consumer Protection Act (“HICPA”). Any home improvement contractors who are not registered will be prohibited from performing home improvements in Pennsylvania.

Due to the anticipated volume of applications for registration or re-registration, contractors are encouraged to apply online for faster processing. Apply online at <https://hic.attorneygeneral.gov>. However, if you apply by mail, you should allow several weeks for processing once a completed application has been submitted. **Incomplete applications will delay registration.**

New applicants for registration will be issued a unique Pennsylvania Home Improvement Contractor number (PA-----). Renewal applicants will continue to use their previously issued registration number. This number must be included in all advertisements, contracts, estimates and proposals used by the business in Pennsylvania.

Home Improvement contractors must review HICPA and use contracts that comply with the requirements set forth in the law. Failure to comply with HICPA can lead to civil and criminal penalties; and may result in your contract being voidable and unenforceable.

General Instructions for Completing Pennsylvania’s Home Improvement Contractor Registration Application

Please read the instructions for each section of the application before completing the application form. Please note that the pages may be double-sided.

Please type your answers or print clearly in blue or black ink.

You must complete each section of the application. If a question requests information that does not apply to you, please indicate that on the form (e.g., “not applicable” or N/A). **Incomplete applications will delay registrations.**

¹ Under the Home Improvement Consumer Protection Act, individuals performing home improvements valued at less than \$5,000 in a calendar year are not required to register. Home Improvement retailers with a net worth of \$50 million or more also do not need to register, however subcontractors and independent contractors performing home improvements for these retailers must be registered.

The signed original application must be filed with the Office of Attorney General, Bureau of Consumer Protection, 15th Floor, Strawberry Square, ATTN: Home Improvement Contractor Registration, Harrisburg, PA 17120.

Changes to the information submitted in the application can be made in writing to the address noted above; or online at www.attorneygeneral.gov.

You can also file your application electronically by completing this form online at <https://hic.attorneygeneral.gov>.

Application Instructions

Section A – Form/Business Type

Check the circle indicating the form of application you are submitting:

- New Registration
- Renewal or Update. If you are renewing or updating your current registration, provide your current Home Improvement Contractor Registration Number. (PA_____).
- **Check the appropriate type of business you own:** If you are self-employed or a sole proprietorship, check “sole proprietorship/individual.”
- If you are registering a corporation or other business entity, check the circle that corresponds to the type of business.

Each business must provide the name of the business’s primary contact person, and the additional business data listed.

Section B – Business Information

(Sole Proprietorships, Individuals, Limited Liability Companies, Limited Partnerships, General Partnerships, and Joint Ventures)

For businesses filing as “sole proprietorship/individual” under Section A, provide your first and last name. For all other business types, provide your business name. The name provided in this section will be the name that appears on your registration certificate.

Please provide any fictitious names, d/b/as and trade names that are used for the business. Pennsylvania law requires fictitious names to be registered with the Pennsylvania Department of State **before** those names may be used. Forms may be obtained online, www.dos.pa.gov/businesscharities, or by calling the Department of State Corporation Bureau at 717-787-1057.

The business addresses and business telephone number are required. A business fax number, an email address and a website address are optional.

If a Federal Employer Identification Number has been issued, the number should be provided.

Additional Business Addresses

If the business operates at multiple locations, please provide the additional addresses in the spaces provided.

Resident Agent (Required for Out-of-State Businesses)

This section applies to corporations, limited liability companies, and limited partnerships only. A resident agent or registered office must be listed if your business is not based in Pennsylvania. This is the person/office authorized by your business to accept service of legal papers.

<http://www.dos.pa.gov/BusinessCharities/Business/Resources/Pages/Commercial-Registered-Office-Providers.aspx>

Out-of-state businesses must also provide the registration or license number issued by the home state.

Business Background Information

Each business applicant must check **all** circles to the background information concerning the business.

Section C – Personal Information

Each individual, owner, officer, manager, partner, or party to a joint venture must provide data and check **all** circles under the personal background information.

Social Security Numbers and driver's license information must be provided but will not be publicly disclosed.

Fax numbers and email addresses are optional; however, we can contact you more quickly if necessary if this information is provided.

If the person does not have a driver's license, the person must provide the number and issuing state of a state-issued identification card. Those without a driver's license are required to submit a copy of their ID card with their application.

If any person or business listed in the application operated a home improvement business in the past, the name(s) and address(es) of the business(es) must be listed in the application. Check **all** circles under prior business background information.

Section D – Shareholder/Equity Owner Information

Corporations, limited liability companies and limited partnerships must provide the names of all directors or parties holding a 5% or greater equity interest.

Section E – Other Registrations or Licenses

If the business is currently registered or licensed as a contractor in any other political subdivision, agency, municipality, state, or country, including a local or municipal registration or license, please complete this section, for each such license or registration. **NOTE: HICPA requires you to report any disciplinary action related to such registration(s) or license(s) listed in this Section, to the Bureau of Consumer Protection, in writing, at the address noted above, within 90 days of final disposition.**

Section F – Description of Business

Describe all goods and services offered or provided in Pennsylvania by your business.

Section G – Insurance

- **Insurance Policy Coverage – the name of the insured must be in the business name.**
Provide information regarding the businesses' insurance coverage for bodily harm (personal injury) and property damage. If the required coverage is provided under more than one policy or by more than one insurer, please list each policy separately, attaching additional pages as necessary.

NOTE: HICPA requires minimum coverage in the amount of at least \$50,000 for bodily harm (personal injury) and at least \$50,000 for property damage.

- **Self-Insurance Coverage**

If you wish to register as self-insured, you must complete the Home Improvement Consumer Protection Act Self-Insurance Certificate of Coverage and Attestation and attach it to this application. The Bureau will require that every home improvement contractor who is self-insured include a statement in every home improvement contract that he/she is self-insured, and provide the name, address, and telephone number of the organization providing the self-insurance.

Section H – Certifications

Read each statement. Only an authorized party may sign the certification to certify that the information contained in the application is truthful and accurate. The certification must be signed by one of the individuals listed in this application. The authorized party must print his or her name, sign and date the certification. Accepted examples of an authorized party are Owner, President, Manager, etc.

It is a crime to provide false or misleading information to this office.

In order to expedite the issuance of your registration certificate, please review this checklist and make sure your application contains all of the following:

- _____ The type of business (Section A)
- _____ The name and contact information for the business (Section B)
- _____ Any fictitious names, d/b/as or trade names used by the business (Section B)
- _____ A list of any additional business addresses used by the business (Section B)
- _____ Check all circles under Business Background Information (Section B)
- _____ The resident agent for out-of-state corporations, limited liability companies and limited partnerships (Section B)
- _____ Personal information for each individual, owner, officer, manager partner, and/or a party to a joint venture (Section C)
- _____ Names for all directors and parties holding a 5% or greater equity interest in the business (Section D)
- _____ A list of all home improvement registrations and licenses issued to the applicant in other states or countries, including federal, local or municipal registration or licenses (Section E)
- _____ A description of your business (Section F)
- _____ Insurance information for the business (Section G)
- _____ Certification signed and dated by an authorized party (Section H)
- _____ A check or money order in the amount of \$50 payable to the “**Commonwealth of Pennsylvania.**”
Application fees are not refundable.

Send your completed application and payment to:

**Office of Attorney General
Bureau of Consumer Protection
15th Floor, Strawberry Square
Harrisburg, PA 17120**

ATTN: Home Improvement Contractor Registration

**For more information, copies of HICPA and Frequently Asked Questions
Visit www.attorneygeneral.gov or call 717-772-2425**