



COMMONWEALTH OF PENNSYLVANIA
 OFFICE OF ATTORNEY GENERAL
 Bureau of Consumer Protection
 15th Floor Strawberry Square
 Harrisburg, PA 17120
 Phone: (717) 772-2425
<http://www.attorneygeneral.gov>

Home Improvement Contractor Registration Application

Section A – Form/Applicant Type:

This form is (select one):

<input type="checkbox"/> Application for a New Home Improvement Contractor Registration	Current HIC#
<input type="checkbox"/> Application for Renewal of an Existing Home Improvement Contractor Registration	
<input type="checkbox"/> Update to an Existing Home Improvement Contractor Registration	

Please check the appropriate applicant type (select one):

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Joint Venture

Section B1 – Applicant Information:

Any assumed or fictitious names should be listed under Section C, “Additional Business Names/Addresses”

Name – For applicants filing as “Individual” under Section A, please provide your first and last name		
Business Address		
City	State	Zip
Mailing Address		
City	State	Zip
Business Telephone Number	Business Fax Number	Email Address
Federal Employer Identification Number (If Applicable)		Website Address

Business background information - Has the above named business ever:

- Filed a petition in bankruptcy:
 Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:
 Yes No
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:
 Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement
 Yes No

Section B2 –Personal Information:

Please list each individual, owner, officer, manager, partner, or party to a joint venture.

First Name		M. I.	Last Name		Title (Owner, President , Manager Etc.)	
Date of Birth	Social Security Number		Driver’s License No. /State Issued ID No.		Issuing State	
Home Street Address/Apartment No.						
City				State	Zip	
Home Telephone Number		Fax Number		Email Address		
Federal Employer Identification Number (If Applicable)						

Personal background information – Has the above named individual ever:

- Been convicted or pled guilty to:
 - A criminal offense related to a home improvement transaction: Yes No
 - Fraud: Yes No
 - Theft: Yes No
 - A crime of deception: Yes No
 - A crime involving fraudulent business practices: Yes No
- Filed a petition in bankruptcy: Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:
 - Yes No
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:
 - Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement
 - Yes No

Prior business information – Please provide all prior business names and addresses for home improvement businesses operated by the individual listed above:

Prior Business Name		
Prior Business Address		
City	State	Zip

Prior business background information - Has the above named prior business ever:

- Filed a petition in bankruptcy:
 - Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:
 - Yes No
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:
 - Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement
 - Yes No

Attach additional sheets of paper as necessary

Section B2 –Personal Information (Continued):

First Name	M. I.	Last Name	Title (Owner, President, Manager Etc.)	
Date of Birth	Social Security Number	Driver’s License No. /State Issued ID No.		Issuing State
Home Street Address/Apartment No.				
City			State	Zip
Home Telephone Number	Fax Number	Email Address		
Federal Employer Identification Number (If Applicable)				

Personal background information – Has the above named individual ever:

- Been convicted or pled guilty to:
 - A criminal offense related to a home improvement transaction: Yes No
 - Fraud: Yes No
 - Theft: Yes No
 - A crime of deception: Yes No
 - A crime involving fraudulent business practices: Yes No
- Filed a petition in bankruptcy: Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction: Yes No
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court: Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement Yes No

Prior business information – Please provide all prior business names and addresses for home improvement businesses operated by the individual listed above:

Prior Business Name		
Prior Business Address		
City	State	Zip

Prior business background information - Has the above named prior business ever:

- Filed a petition in bankruptcy: Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction: Yes No
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court: Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement Yes No

Attach additional sheets of paper as necessary

Section B3 - Shareholder/Equity Owner Information:

List the names of all directors or all parties holding greater than a 5% equity interest. This section applies to corporations, limited liability companies, and limited partnerships only.

First Name	M. I.	Last Name	Maiden Name
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Or

Name of Entity Holding Greater Than a 5% Equity Interest
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Shareholder/equity owner background information - Has the above named shareholder/equity owner ever:

- Been convicted or pled guilty to:
 - A criminal offense related to a home improvement transaction: Yes No
 - Fraud: Yes No
 - Theft: Yes No
 - A crime of deception: Yes No
 - A crime involving fraudulent business practices: Yes No
- Filed a petition in bankruptcy: Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:
 Yes No
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:
 Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement
 Yes No

First Name	M. I.	Last Name	Maiden Name
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Or

Name of Entity Holding Greater Than a 5% Equity Interest
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Shareholder/equity owner background information - Has the above named shareholder/equity owner ever:

- Been convicted or pled guilty to:
 - A criminal offense related to a home improvement transaction: Yes No
 - Fraud: Yes No
 - Theft: Yes No
 - A crime of deception: Yes No
 - A crime involving fraudulent business practices: Yes No
- Filed a petition in bankruptcy: Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:
 Yes No
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:
 Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement
 Yes No

Attach additional sheets of paper as necessary

Section C – Additional Business Names/Addresses:

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 (PA DOS). PA DOS may be reached by telephone at (717) 787-1057 or by web at www.dos.state.pa.us.

Additional Business Name	Have you filed a Fictitious Name Statement with PA DOS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Business Name	Have you filed a Fictitious Name Statement with PA DOS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any additional addresses under which the business operates:

Additional Business Address		
City	State	Zip

Additional Business Address		
City	State	Zip

Sections D – Resident Agent:

For out-of-state applicants, provide the name and address of the contractor's resident agent or registered office located within Pennsylvania. Note: Most out-of-state businesses must be registered with the Pennsylvania Department of State.

Resident Agent/Registered Office Name		
Resident Agent/Registered Office Address (Within Pennsylvania)		
City	State PA	Zip

Section E – Other Registrations or Licenses

If the individual or business applicant is currently registered or licensed as a contractor in any other political subdivision, agency, municipality, state, or country, please list each license or registration and include the name of the issuing entity and the registration or license number, as applicable.

State	Municipality/Political Subdivision	
Name of Issuing Entity	License/Registration Number	Description of License

State	Municipality/Political Subdivision	
Name of Issuing Entity	License/Registration Number	Description of License

Attach additional sheets of paper as necessary

Sections F – Description of Business

Please provide a full description of the services you provide.

Section G – Insurance

Section 517.4(a)(1)(ix) requires applicants to provide proof of liability insurance covering personal injury in an amount of at least \$50,000 and insurance covering property damage in the amount of at least \$50,000. This Section also permits proof of such coverage through the Applicant’s attestation of self-insurance which is determined sufficient by the Bureau of Consumer Protection. Select the type of coverage the Applicant will provide below.

1. Insurance policy coverage

<i>Name of Insured (As Listed On The Policy)</i>		
<i>Name of Insurance Company (Not Agent/Agency)</i>		
<i>Name of Insurance Agent/Agency</i>		<i>Insurance Agent/Agency Telephone No.</i>
<i>Insurance Agent/Agency Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Policy Number</i>		
<i>Policy Exp. Date</i>	<i>Personal Injury Coverage Amount (Min. \$50,000.00)</i>	<i>Property Damage Coverage Amount (Min. \$50,000.00)</i>

2. Self-insurance coverage - If you wish to register as self-insured, you must request from the Bureau, complete, and attach a Home Improvement Consumer Protection Act Self-Insurance Certificate of Coverage and Attestation to this Application. If your status as self-insured is cancelled, terminated, or otherwise ends, you must immediately obtain insurance as required under HICPA Section 517.4(a)(ix). 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.

Attach additional sheets of paper as necessary

Section H – Certifications

Please check the boxes to indicate that you have read and understand the requirements.

- 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 certify that I have actual authority to make this certification on behalf of the Home Improvement Contractor identified in Section B1.
- 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.
- I understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S.A. § 4904.
- I understand that information provided 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.)
- I understand that as a requirement to register under this act, any change in the information provided in this registration application is required to be updated within 30 days of the change.

Signature of Authorized Party	Date
Print Name	Title

*Along with the completed Home Improvement Contractor Registration Application, the applicant must submit a nonrefundable check or money order in the amount of \$50 payable to “Commonwealth of Pennsylvania” for the application fee. Application and payment should be mailed to:

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

ATTN: Home Improvement Contractor Registration

Revised 7/2014