



**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL**

Bureau of Consumer Protection
15th Floor Strawberry Square
Harrisburg, PA 17120
Phone: (800) 441-2555
<http://www.attorneygeneral.gov>

Uniform Planned Community Act Registration Application

This Form is (check one):

- New Certificate
- Change to Current Certificate

PART I: Identification

Name of Business Entity			
Mailing Address			
City	State	Zip Code	County
Name of Corporation, LLC, Partnership or Individual Owner (if different than above)			
Address			
City	State	Zip Code	County
Telephone Number		Fax Number	
Name of Contact Person		Email Address	
Name & Addresses of Registered Agent (If owner is located outside of PA)			Current Registration Number (if applicable)

PART II: Ownership Information

1. The business entity identified in Paragraph 1 above is a: (check one)

Sole Proprietorship

Have you filed a Fictitious Name Statement with the Department of State?

Yes No

Corporation

State of registration: Pennsylvania Other: _____

Date of incorporation: _____

If not a PA Corporation, have you obtained a Certificate of Authority to qualify to do business in Pennsylvania? Yes No

Limited Liability Company (LLC)

State of formation: Pennsylvania Other: _____

Date of formation: _____

If not a PA LLC, have you obtained a Certificate of Authority to qualify to do business in Pennsylvania? Yes No

Partnership

Have you filed a Fictitious Name Statement with the Department of State?

Yes No

Other. Please specify type of business and state the form of business used to operate your business: _____

2. Please state the names, titles and contact information of all officers and directors of the business entity identified in Paragraph 1; or in the case of a sole proprietorship, any person with an ownership interest in the business entity (attach additional sheets if necessary).

Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code
Name	Title	Percentage of ownership	
Home Address	City	State	Zip Code

PART III: Financial Security Information

1. The business entity identified in Paragraph 1 has satisfied the financial securities requirement of 68 Pa.C.S. § 5408 as follows (check one, and complete the blanks):

Obtained surety bond in the amount of \$ _____ from _____ and has filed a Certification of Compliance with this application. (Attach the Certification of Compliance and original surety bond to this application.)

Name of Contact Person at the Financial Institution _____
Telephone number _____

Obtained an irrevocable letter of credit in the amount of \$ _____ from _____ and has filed a Certification of Compliance with this application. (Attach the Certification of Compliance and letter of credit to this application.)

Name of Contact Person at the Financial Institution _____
Telephone number _____

NOTE: A Certification of Compliance must be included with this Registration Application.

PART IV: Certifications

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

- I understand that all records must be accurately maintained and shall be open for inspection and copying by the Bureau of Consumer Protection during normal business hours, or upon 48 hours written notice.
- I understand that I am under a **continuing obligation** to notify the Bureau of Consumer Protection, in writing, of any change in the information provided in this registration application.

I hereby certify that the information contained in the application is true and correct. I further certify that I have actual authority to make this certification on behalf of the business entity identified in paragraph 1. I also understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

Signature of Authorized Party: _____ Date: _____

Print Name: _____ Title: _____