



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL

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

**REGISTRATIONS
ARE VALID
FOR 2 YEARS.**

Home Improvement Contractor Registration Application

Instructions: Please print clearly, in ink, and complete all sections. **Your application WILL NOT be processed until all of the sections have been completed and the registration fee has been received by this Office.** If a section does not apply to your business, write "N/A." Refer to attached instructions.

* Indicates required field.

THIS FORM IS (SELECT ONE) *

<input type="checkbox"/> Application for a New Home Improvement Contractor Registration	PA Registration Number _ _ _ _ _
<input type="checkbox"/> Application for Renewal of an Existing Home Improvement Contractor Registration	
<input type="checkbox"/> Update/change information to a current Home Improvement Contractor Registration	

Section A – Form/Business Type *

Please check the type of business you own (select one):

- Individual
- General Partnership
- Corporation
- Limited Liability Company
- Limited Partnership
- Joint Venture

All corporations, limited partnerships, joint ventures and limited liability companies must register with PA Dept. of State prior to completing this application. For more information, A Guide to Business Registration in Pennsylvania, can be found at www.dos.pa.gov/BusinessCharities/Business or call 1-888-659-9962.

Section B – Business Information *

Name - For businesses filing as "Individual" under Section A, you must provide first and last name of the owner. For all other business types, please provide your business name. Additional Business Names can be provided on the next page. *			
In-State * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Street Address *			
City *	State*	Zip*	County*
Business Mailing Address*			
City *	State*	Zip*	County*
Business Telephone Number *	Email Address (If Applicable)		
Federal Employer Identification Number (If Applicable)	Website Address (If Applicable)		
Description of Business * Attach additional sheets of paper as necessary.			

Additional Business Names

Please list any additional names under which the business operates:

1.
2.
3.

Additional Business Addresses

Please list any additional addresses under which the business operates:

Additional Business Address		
City	State	Zip
Additional Business Address		
City	State	Zip

Business Background Information - Has the business listed in Section B 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

Resident Agent- For out-of-state businesses only

If you are an out-of-state businesses, provide the name and address of the contractor's PA-based resident agent or registered office provider. Note: Most out-of-state businesses must also 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 C – Point of Contact *

First Name *	Last Name *	Title (Owner, President, Manager, etc.)*		
Home Street Address/Apartment No. *				
City*	State *	Zip*	County*	
Personal Telephone Number *	Email Address*			

Section D – Business Applicant*

THIS MUST BE THE OWNER OF THE BUSINESS.

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*	County*
Personal Telephone Number *			Email Address		

Personal background information – Has the above named individual ever: *

- Been convicted or pled guilty to:
 - Fraud * Yes No
 - Theft * Yes No
 - A crime of deception* Yes No
 - A crime involving fraudulent business practices * Yes No
 - A criminal offense related to a home improvement transaction * 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

If applicable, provide the name and address of any home improvement business that the individual no longer owns or operates.

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

Section E – Associated Business Applicant

Use this page for **ADDITIONAL** owners, officers, managers, partners or parties to a joint venture.
Attach additional sheets of paper as necessary.

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*	County*
Personal Telephone Number *			Email Address		

Personal background information – Has the above named individual ever: *

- Been convicted or pled guilty to:
 - Fraud * Yes No
 - Theft * Yes No
 - A crime of deception * Yes No
 - A crime involving fraudulent business practices * Yes No
 - A criminal offense related to a home improvement transaction * 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

If applicable, provide the name and address of any home improvement business that the individual no longer owns or operates.

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

Section F – 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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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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Attach additional sheets of paper as necessary.

Section G – Other Registrations or Licenses:

If the individual or business 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.

Section H – Insurance: *

Select the type of coverage you will provide below.

1. General Commercial Liability Coverage

Section 517.4(a)(ix) requires you 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.

PLEASE NOTE: YOU MUST SUBMIT A VALID CERTIFICATE OF INSURANCE WITH THIS SELECTION.

Name of <u>Insured</u> (If you are registered as an Individual, the name of the insured must be in the owner's name. If you are registered as any other business type, provide the business name) *		
Name of <u>Insurance Company</u> (Not Agent/Agency) *		
Name of Insurance Agency*		Insurance Agency Telephone No. *
Insurance Agency Address *		
City*		State * Zip *
Policy Number*		
Policy Exp Date. mm/dd/yyyy *	Personal Injury Coverage Amount (Min. \$50,000.00) *	Property Damage Coverage Amount (Min. \$50,000.00) *

2. Self-Insurance Coverage

If you wish to register as self-insured, you must request from the Bureau, complete, and submit 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.

To expedite the issuance of your registration certificate, please review these items and make sure your application includes the following:

- Self-Insurance Certification & Attestation
- Member List

Section I – Certifications: *

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 authority as an owner, officer, managing member, or partner to make this certification on behalf of the Home Improvement Contractor identified in Section B. The Certification must be signed by one of the individuals listed in this application.

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 related to this Home Improvement Registration.

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 *

Printed Name *

***Along with the completed Home Improvement Contractor Registration Application, the applicant must submit a NON-REFUNDABLE check or money order in the amount of \$100 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
349 Walnut Street
15th Floor, Strawberry Square
Harrisburg, PA 17120
ATTN: Home Improvement Contractor Registration**

For more information, visit www.attorneygeneral.gov or call our HelpLine at 717-772-2425.