Required for Hanover Township Licensing

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- 1) -Application to be filled out in its entirety.
- 2) -Copy of insurance with Hanover Township names certificate holder -Contractors name must be on certificate of insurance
- 3) -Copy of license

-If contractor does not have a license from a testing municipality(not a registration), two letters of recommendations are required from two contactors on their letterhead

-If applicant has a contractor's license from a testing municipality, Hanover Township waives the two letters of recommendation. Applicant must submit a copy of their Wilkes Barre or Scranton current license.

4) -Act 44 to be filled out in its entirety

-If contractor is self employed he must have his social security number -If contractor has employees he must have his federal ID number -Affidavit of exemption for contractors that are self-employed stating they have no employees working for them and if they should hire someone they will submit insurance with Workman's Compensation. Affidavit must be notarized.

5) -Take valid licensing test.

HANOVER TOWNSHIP CODE ENFORCEMENT

1267 SANS SOUCI PARKWAY HANOVER TOWNSHIP, PA 18706

Code Enforcement Officer (570) 825-1245	Code Clerk (570) 825-1247	(570) 825-1240	
		Date:	
	Applicatio	n for License	
I hereby make application for a License to do work in the Township of Hanover as:			
Master Plumber	rMaster	ElectricianGene	eral Contractor
Journeyman PlumberJourne		yman ElectricianJobb	ing Contractor
Master HVAC	Resider	ntial ElectricianResi	dential Construction
Residential HVACMechanical Contractor			
* SpecialtyF	enceRoofing	Pump/TankDemolition	_Steel Erectors
SignPoolExcavationMasonry One Time Job License Job Address			
Applicant:		Renewal/License Number	:
Address:			
Age of Applicant:	Telephone Numb	er:	
Holding Valid License: Years of Experience:			
Name of Firm, Corporation, a	nd Address:		
Address:			
Owner/President of the Company and Address:			
Previous Employer/Self Emplo	oyed:		
Letters of Recommendation received from:			
Amount of Public Liability Ins	urance:		
Name/Address of Liability Ins	urance:		
Signature of Applicar	nt:		
Approved/Denied:			
Fee Paid:			
Code Enforcement Officer			