



CITY OF PITTSBURGH
 Department of Public Safety
 Bureau of Building Inspection

Registration Number _____

APPLICATION FOR CONTRACTOR REGISTRATION

Name of Firm _____	City Tax ID Number _____
Address of Firm _____ _____	Insurance Company _____
Business Phone _____	Insurance Policy No. _____
Emergency Contact _____	Insurance Amount (liability) \$ _____
Contact's Phone # _____	Workman's Comp. Policy No. _____
	Federal or State Employer No. _____

Check all that apply

Property type: Residential (1-2 family unit) Commercial (3 + family units) Commercial building

PA Home Contractor License # _____

Email Address _____

Owner(s) of Business or Officer(s) of Corporation

Name and Title (if Corporate Officer) **Address** **City / St** **Zip** **Phone**

Primary type of contracting done by your firm: _____

SIGNATURE OF APPLICANT _____ DATE: _____