



CITY OF PITTSBURGH
Department of Permits, Licenses, and Inspections

Registration Number _____

APPLICATION FOR SIGN 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. _____

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: _____