



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

**REQUIREMENTS FOR GENERAL/MASTER CONTRACTOR'S LICENSE
FOR THE CITY OF SCRANTON**

APPLICANT CAN SUBMIT REQUIREMENT A **OR** REQUIREMENT B

REQUIREMENT A OPTION

- FILL OUT CONTRACTORS LICENSE APPLICATION IN FULL AND HAVE IT NOTARIZED **please do not sign the application until you are in front of the notary, does not have to be a PA notary*
- COPY OF THE APPLICANT'S PHOTO ID OR DRIVERS LICENSE
- APPLICANT'S RESUME **Experience in Said Field*
- APPLICANT NEEDS TO PROVIDE EXPERIENCE IN SAID FIELD WORKING UNDER LICENSED CONTRACTOR FOR 4 YEARS (*Must provide W-2'S OR 1099'S*)
- GENERAL LIABILITY INSURANCE (\$500,000.00 –PER PERSON \$1,000,000.00- PER OCCURANCE) **can be in the company's name*
- SINGLE TAX OFFICE REGISTRATION NUMBER **Please contact 570-963-6756*
- PROOF OF PASSING TEST SCORE IN SAID FIELD. UNDER THE ICC/UCC TESTING CATEGORIES INCLUDE BY NOT LIMITED TO
 - GENERAL CONSTRUCTION CONTRACTOR
 - MASTER ELECTRICAL
 - MASTER MECHANICAL
 - MASTER PLUMBING
 - AUTOMATIC FIRE SUPPRESSION
 - AUTOMATIC SPRINKLER
 - FIRE ALARM
 - MASONRY (\$200.00 ANNUALLY)
 - DEMOLITION (\$200.00 ANNUALLY)
 - ROOFING (\$200.00 ANNUALLY)
 - CARPENTRY (\$200.00 ANNUALLY)
- LICENSE FEE: \$250.00* *UNLESS STATED ABOVE*
License valid January 1- December 31 of the same year



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REQUIREMENT B OPTION

- FILL OUT CONTRACTORS LICENSE APPLICATION IN FULL AND HAVE IT NOTARIZED **please do not sign the application until you are in front of the notary, does not have to be a PA notary*
- COPY OF THE APPLICANT'S PHOTO ID OR DRIVERS LICENSE
- APPLICANT'S RESUME **Experience in Said Field*
- APPLICANT NEEDS TO PROVIDE EXPERIENCE IN SAID FIELD WORKING UNDER LICENSED CONTRACTOR FOR 8 YEARS (*Must provide W-2'S OR 1099'S*)
 - *In the case where w-2s cannot be produced, notarized referral letters from licensed contractor for whom they worked for shall be substituted*
- GENERAL LIABILITY INSURANCE (\$500,000.00 –PER PERSON \$1,000,000.00- PER OCCURANCE) **can be in the company's name*
- SINGLE TAX OFFICE REGISTRATION NUMBER **Please contact 570-963-6756*
- **NOTARIZED** REFERRAL LETTERS FROM **ALL OF** THE FOLLOWING:
 - *One letter from licensed contractor for whom applicant was employed for 3 years*
 - *One letter from a Licensed 3rd Party Inspection agency (does not have to be from PA)*
 - *Five letters from customers the applicant has performed work for*
 - *Three letters from contractor's in the construction field (does not have to be within the same field)*
 - *One letter from a licensed Design professional within PA (Engineer, Architect, Etc)*
- LICENSE FEE: \$250.00 **License valid January 1- December 31 of the same year*

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GENERAL/MASTER CONTRACTOR LICENSE APPLICATION

(Application needs to be notarized)

Date: _____

TYPE OF LICENSE: (Choose one) *GENERAL* *ELECTRICAL* *MECHANICAL*
FIRE PROTECTION *PLUMBING* *SIGN HANGER*

REQUIREMENT LIST PROVIDED *Requirement A list* *Requirement B list*

NAME OF APPLICANT (*not company name) _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER OF APPLICANT: _____

EMAIL ADDRESS OF APPLICANT: _____

NAME OF BUSINESS/COMPANY: _____

ADDRESS OF BUSINESS/COMPANY: _____

BUSINESS PHONE NUMBER: _____ FAX: _____

TYPE OF BUSINESS ORGANIZATION:

Sole Proprietor *Partnership* *Corporation* *Limited Liability Company (LLC)* *N/A*

FEDERAL ID NUMBER: _____ SINGLE TAX OFFICE: _____

NUMBER OF YEARS INDIVIDUAL HAS BEEN IN CONTRACTING BUSINESS _____

HAS APPLICANT HAD AT LEAST 4 YEARS OF PRACTICAL TRAINING EXPERIENCE IN SAID FIELD UNDER A LICENSED CONTRACTOR, WHERE W-2S/1099S PROVIDED? YES NO N/A

IS APPLICANT A LICENSED OR CERTIFIED JOURNEYMAN IN SAID FIELD? IF SO, HOW LONG HAS APPLICANT SERVED AS SUCH AND WHERE OR IN WHAT CAPACITY? PLEASE EXPLAIN: YES NO

PRINCIPAL TYPE OF WORK PERFORMED: _____

APPLICANT'S PRACTICAL/TECHNICAL TRAINING EXPERIENCE IN FIELD

(Attach references if needed): _____



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HAS THE APPLICANT PASSED THE NECESSARY TEST IN SAID FIELD? YES NO N/A
*if yes, please provide proof of test result examination(s)

IS APPLICANT A LICENSED CONTRACTOR IN ANOTHER MUNICIPALITY OR TOWNSHIP? YES NO

IF YES, WHERE AND PLEASE PROVIDE COPY OF VALID LICENSE _____

IS APPLICANT INSURED? YES NO

By applying for a General/Master License, you understand that this license is allowing you to perform work in that said field only.

Applicant must provide required documents listed on first page for license.

I, _____ swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I understand that any falsification on this application may result in my license application being denied. I also realize that I will be subject to penalties provided by 18 PA.C.C 4903 and 4904 if I have provided false answers and statements.

Signature of Applicant

Date

County of _____ State of _____

I, _____, being duly sworn, depose and say that he/she is _

_____ of _____ and all answers to the foregoing questions and all statements therewith are true and correct.

Sworn to before me this _____ day of _____, 20____

OFFICIAL USE ONLY

APPROVED FOR CONTRACTOR LICENSE: YES NO

Signature of Director/BCO City of Scranton

Date

COMMENTS:

