



**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 SPECIALTY CONTRACTOR'S LICENSE FOR  
THE CITY OF SCRANTON**

- 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 PROPERLY DEMONSTRATE PROOF OF FIELD EXPERIENCE OR PROOF OF PASSING EXAMINATION IN SAID FIELD, OR PROOF OF SPECIFIC CERTIFICATION IN SAID FIELD
- AT LEAST TWO (2) REFERENCE LETTERS DESCRIBING APPLICANTS WORK EXPERIENCE, QUALITY OF WORK AND WORK PROFESSIONALISM
- 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*
- PLEASE NOTE, THIS APPLICATION DOES NOT APPLY TO THE FOLLOWING CATEGORIES:
  - GENERAL CONTRACTOR
  - MATER PLUMBING
  - MATER MECHANICAL
  - FIRE ALARM
  - FIRE SUPPRESSION
  - SPRINKLER
  - MASON
  - DEMOLITION
  - ROOFING
  - CARPENTRY
  - HOME IMPROVEMENT
- LICENSE FEE: \$150.00 *\*License valid January 1- December 31 of the same year*



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**SPECIALTY CONTRACTOR LICENSE APPLICATION**

*(Application needs to be notarized)*

Date: \_\_\_\_\_

TYPE OF LICENSE: *(PLEASE LIST AND BE SPECIFIC)*: \_\_\_\_\_

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 (please circle)

*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

PRINCIPAL TYPE OF WORK PERFORMED: \_\_\_\_\_

APPLICANT'S PRACTICAL/TECHNICAL TRAINING EXPERIENCE IN FIELD

*(Attach references if needed)*: \_\_\_\_\_

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 Specialty license, you understand that this license is allowing you to perform work in that said field only.***



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*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\_\_\_\_

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**OFFICIAL USE ONLY**

APPROVED FOR SPECIALTY CONTRACTOR LICENSE: :                      YES                      NO

\_\_\_\_\_  
Signature of Director/BCO City of Scranton

\_\_\_\_\_  
Date

**COMMENTS:**

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