



# LANCASTER FIRE DEPARTMENT CONTRACTOR REGISTRATION FORM



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

**Annual Fee: \$100**

**Check One:**

- Fire Alarm Systems (State Exempt from Fee)
- Fire Sprinkler Systems
- Fire Extinguisher Systems
- L.P. Gas Contractor
- Fuel Tanks
- Fuel Lines (New or Repair)
- Fire Line Utility Contractor (Underground)
- Fire Lanes
- DC Vaults
- Other \_\_\_\_\_

**Company Information:**

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Licensee Information:**

Name: \_\_\_\_\_

Position with Company: \_\_\_\_\_

Personal Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Print Names of Persons Allowed  
to Purchase Permits or Sign Validation Forms:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Prior to issuance of permits, the following must be submitted:**

- ✓ State License Required
- ✓ Copy of Driver's License
- ✓ \$100,000.00 Insurance with the City of Lancaster as a Certificate Holder

I, \_\_\_\_\_, so attest that I am the Owner/Employee of \_\_\_\_\_  
(Your Name) (Business Name)

and I am authorized to correct errors, defects and deficiencies on work installed or performed by the business named.

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

**Office Use Only**

Invoice No.: \_\_\_\_\_ Account ID: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Received By: \_\_\_\_\_