



# PENN TOWNSHIP MUNICIPAL AUTHORITY

P.O. Box 155, Selinsgrove, PA 17870  
(570) 374-8256 ♦ FAX (570) 374-6026

Web Site: [www.penntwp-ma.com](http://www.penntwp-ma.com) ♦ e-mail: [ptma17870@gmail.com](mailto:ptma17870@gmail.com)

## CONTRACTOR / PLUMBER APPLICATION

APPLICATION SUBMITTED BY:

CHECK WHICH:

CONTRACTOR: \_\_\_\_\_

- Corporation
- Partnership
- Individual

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

APPLICATION FOR WORK ON:

- Water
- Gravity Sewer
- Low Pressure Sewer

TELEPHONE NUMBER: ( ) \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

All information contain in this application is best to my knowledge true and accurate. I have received a copy of the PTMA Water &/or Sewer Rules and Regulations and will abide by said rules and regulations. I understand that failure to comply with Penn Township Municipal Authority (PTMA) Rules & Regulations may result in my removal from the PTMA list of approved contractors / plumbers.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*PLEASE NOTE:** *A copy of your current Certificate of Insurance must accompany this application.*

*A current copy of the PTMA Water and Sewer Rules & Regulations can be found on the Authority web site located at [www.penntwp-ma.com](http://www.penntwp-ma.com) or can be obtained by request at the Authority office.*

**For Authority Use:**

Approved/Date:  
 Water: \_\_\_\_\_  
 Gravity Sewer: \_\_\_\_\_  
 Low Pressure Sewer: \_\_\_\_\_

Insurance Information: ~ See attached Certificate of Insurance ~



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1. How many years has your organization been in business as a contractor under your present business name?

2. How many years experience in the installation of the following types of service connections:

Water Service \_\_\_\_\_  
Gravity Sewer \_\_\_\_\_  
Low Pressure Sewer \_\_\_\_\_

3. List experience of the management personnel and key employees of your organization:

Individuals Name	Present Position	Years Of Experience	Magnitude And Type Of Work

4. Have you ever performed work involving connection to Penn Township Municipal Authority facilities?

5. If yes, please list up to two of your customers and years work performed.

6. Give any further or relevant facts or customer references that will justify the approval desired.