



**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL**

Bureau of Consumer Protection
15th Floor Strawberry Square
Harrisburg, PA 17120
Phone: 717-772-2425
www.attorneygeneral.gov

Home Improvement Contractor Registration Application

Instructions: Please print clearly, in ink, and complete all sections. Your application WILL NOT be processed until all of the sections have been completed and the registration fee has been received by this Office. If a section does not apply to your business, write "N/A." Refer to attached instructions.

THIS FORM IS (SELECT ONE)

<input checked="" type="checkbox"/> Application for a New Home Improvement Contractor Registration	HICPAR PA _____
<input type="checkbox"/> Application for Renewal of an Existing Home Improvement Contractor Registration	
<input type="checkbox"/> Update/change information to a current Home Improvement Contractor Registration	

Section A – Form/Business Type

Please check the type of business you own (select one):

- Sole Proprietorship/Individual
- General Partnership
- Corporation
- Limited Liability Company
- Limited Partnership
- Joint Venture

All corporations, limited partnerships, joint ventures and limited liability companies must register with PA Dept. of State prior to completing this application. For more information, A Guide to Business Registration in Pennsylvania, can be found at www.dos.pa.gov/BusinessCharities/Business or call 1-888-659-9962.

Section B – Business Information

Name – For businesses filing as “Sole Proprietorship/Individual” under Section A, please provide your first and last name. For all other business types, please provide your business name.

Tri-State Aquatic Solutions

Other Business Names – List all other names under which you do business. Businesses and sole proprietorships cannot conduct business in Pennsylvania through any assumed or fictitious name that is not registered with the Pennsylvania Department of State (PA DOS). PA DOS may be reached at 717-787-1057 or at www.dos.state.pa.us.

N/A

Business Street Address
561 Cabot Dr

City Hockessin	State DE	Zip 19707
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Mailing Address
561 Cabot Dr

City Hockessin	State DE	Zip 19707
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Business Telephone Number (610) 870-3113	Business Fax Number N/A	Email Address brandonbot67@gmail.com
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Federal Employer Identification Number (If Applicable) 39-2424965	Website Address N/A
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Additional Business Addresses

Please list any additional addresses under which the business operates:

Additional Business Address		
City	State	Zip

Additional Business Address		
City	State	Zip

Business Background Information - Has the business listed in Section B ever: EIN: 39-2424965

- Filed a petition in bankruptcy:
 Yes No
- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:
 Yes No Sole member LLC, no additional owners.
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:
 Yes No - If yes, what is the current status of that registration or license: _____
- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement
 Yes No

Resident Agent- For out-of-state businesses only

If you are an out-of-state businesses, provide the name and address of the contractor's PA-based resident agent or registered office provider. Note: Most out-of-state businesses must be registered with the Pennsylvania Department of State.

Resident Agent/Registered Office Name		
Resident Agent/Registered Office Address (Within Pennsylvania)		
City	State	Zip
Business Registration/License/Entity No. from Home State		

Section E – Work History

Employer Name and Address:

Elite Pools & Spas, 123 Main St, Wilmington, DE 19801

Dates Employed (From/To):

05/2015 – Present

Position/Title:

Project Manager / Lead Installer

Description of Duties:

Manage residential and commercial pool installation projects from excavation to completion. Oversee plumbing, electrical, and masonry work. Coordinate subcontractors and communicate with clients.

Experience with concrete, vinyl, and fiberglass pools.

Employer Name and Address:

Calloway Construction Co., 561 Cabot Dr, Hockessin, DE
19707

Dates Employed (From/To):

06/2005 – 04/2015

Position/Title:

General Contractor / Carpenter

Description of Duties:

General residential construction, including framing, roofing, siding, and interior renovations. Hands-on experience in all phases of building and remodeling. Managed small teams on site.

Section C—Personal Information

Use this page for **additional** owners, officers, managers, partners or parties to a joint venture. **Attach additional sheets of paper as necessary.**

First Name		M. I.	Last Name		Title (Owner, President, Manager Etc.)	
Date of Birth	Social Security Number		Driver's License No. /State Issued ID No.			Issuing State
Home Street Address/Apartment No.						
City				State	Zip	
Personal Telephone Number		Fax Number		Email Address		
Federal Employer Identification Number (If Applicable)						

Personal background information – Has the above named individual ever:

- Been convicted or pled guilty to:

Fraud:	<input type="radio"/> Yes	<input type="radio"/> No
Theft:	<input type="radio"/> Yes	<input type="radio"/> No
A crime of deception:	<input type="radio"/> Yes	<input type="radio"/> No
A crime involving fraudulent business practices:	<input type="radio"/> Yes	<input type="radio"/> No
A criminal offense related to a home improvement transaction:	<input type="radio"/> Yes	<input type="radio"/> No
- Filed a petition in bankruptcy:

<input type="radio"/> Yes	<input type="radio"/> No
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- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:

<input type="radio"/> Yes	<input type="radio"/> No - If yes, what is the current status of that registration or license: _____
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- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:

<input type="radio"/> Yes	<input type="radio"/> No - If yes, what is the current status of that registration or license: _____
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- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement

<input type="radio"/> Yes	<input type="radio"/> No
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Prior business information – If applicable, provide the name and address of any home improvement business that the individual no longer owns or operates.

Prior Business Name			
Prior Business Address			
City		State	Zip

Prior business background information - Has the above named prior business ever:

- Filed a petition in bankruptcy:

<input type="radio"/> Yes	<input type="radio"/> No
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- Had a civil judgment entered against the person or their business in which the person held an interest within the past ten years that was related to a home improvement transaction:

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------
- Had a home improvement registration or license issued by any political subdivision, municipality, agency – whether local, state, federal or foreign – revoked or suspended pursuant to an order issued by a court, or by agreement filed with a court:

<input type="radio"/> Yes	<input type="radio"/> No - If yes, what is the current status of that registration or license: _____
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- Within the last ten years, been suspended or debarred from participating in any federal, state, local, foreign or not-for-profit program through which public funding or other assistance is provided to owners for home improvement

<input type="radio"/> Yes	<input type="radio"/> No
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Section D - Shareholder/Equity Owner Information:

List the names of all directors or all parties holding greater than a 5% equity interest. This section applies to corporations, limited liability companies, and limited partnerships only.

First Name Brandon	M. I. T	Last Name Calloway	Maiden Name
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Or

Name of Entity Holding Greater Than a 5% Equity interest

First Name	M. I.	Last Name	Maiden Name
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Or

Name of Entity Holding Greater Than a 5% Equity Interest

Attach additional sheets of paper as necessary

Section E – Other Registrations or Licenses

If the individual or business is currently registered or licensed as a contractor in any other political subdivision, agency, municipality, state, or country, please list each license or registration and include the name of the issuing entity and the registration or license number, as applicable.

State	Municipality/Political Subdivision	
Name of Issuing Entity	License/Registration Number	Description of License

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Name of Issuing Entity	License/Registration Number	Description of License

Attach additional sheets of paper as necessary

Section F – Description of Business

Provide a full description of your services.

Section G – Insurance

General liability insurance is required for this business and will be obtained as necessary.

Section G – Insurance

Section 517.4(a)(1)(ix) requires you to provide proof of liability insurance covering personal injury in an amount of at least \$50,000 and insurance covering property damage in the amount of at least \$50,000. This Section also permits proof of such coverage through your attestation of self-insurance which is determined sufficient by the Bureau of Consumer Protection. Select the type of coverage you will provide below.

1. Insurance policy coverage

Name of <u>Insured</u> (if you are registered as an individual/Sole Proprietorship, the name of the insured must be in the individual name. if you are registered as any other business type, provide the business name)		
Dude Ventures Services LLC dba Tri-State Aquatic Solutions		
Name of <u>Insurance Company</u> (<i>Not Agent/Agency</i>)		
Third Coast Insurance Company		
Name of Insurance Agent/Agency Gaslamp Insurance	Insurance Agent/Agency Telephone No. (contact via donotreply@gaslamp.onlinemga.com)	
Insurance Agent/Agency Address		
City	State	Zip
Policy Number GLSISTC010036525		
Policy Exp. Date Mm/dd/yyyy 08/29/2026	Personal Injury Coverage Amount (Min. \$50,000.00)	Property Damage Coverage Amount (Min. \$50,000.00)

- 2. Self-insurance coverage - If you wish to register as self-insured, you must request from the Bureau, complete, and attach a Home Improvement Consumer Protection Act Self-Insurance Certificate of Coverage and Attestation to this Application. If your status as self-insured is cancelled, terminated, or otherwise ends, you must immediately obtain insurance as required under HICPA Section 517.4(a)(ix). The Bureau will require that every home improvement contractor who is self-insured include a statement in every home improvement contract that he/she is self-insured, and provide the name, address, and telephone number of the organization providing the self-insurance.**

Section H – Certifications

I certify that all of the information provided in connection with this application is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies, failure to make full disclosures, or failure to comply with the requirements of the Home Improvement Consumer Protection Act may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Pennsylvania Office of Attorney General.

I certify that I have authority as an owner, officer, managing member, or partner to make this certification on behalf of the Home Improvement Contractor identified in Section B. The Certification must be signed by one of the individuals listed in this application.

I agree to cooperate fully with any request by the Pennsylvania Office of Attorney General to provide any assistance or information and to produce any records requested by the Pennsylvania Office of Attorney General, and to cooperate in any inquiry, investigation or hearing conducted by the Pennsylvania Office of Attorney General related to this Home Improvement Registration.

I understand that any false statements made herein are subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S.A. § 4904.

I understand that information provided on this application may be subject to public disclosure under Pennsylvania's Right to Know Law. (Social Security Numbers and driver's license numbers will not be publicly disclosed.)

I understand that as a requirement to register under this act, any change in the information provided in this registration application is required to be updated within 30 days of the change.

Signature of Authorized Party

Date

Printed Name

*Along with the completed Home Improvement Contractor Registration Application, **the applicant must submit a nonrefundable check or money order in the amount of \$50 payable to "Commonwealth of Pennsylvania"** for the application fee. Application and payment should be mailed to:

**Pennsylvania Office of Attorney General
Bureau of Consumer Protection
15th Floor, Strawberry Square
Harrisburg, PA 17120**

ATTN: Home Improvement Contractor Registration

Revised 4/2017