

CITY OF PHILADELPHIA DEPARTMENT OF LICENSES AND INSPECTIONS
IMMIGRATION ASSISTANCE PROVIDER REGISTRATION

PROVIDER NAME	IF PROVIDER IS A BUSINESS OR CORPORATION, PLEASE PROVIDE NAME OF THE OWNER AND/OR RESPONSIBLE PARTY	
PROVIDER LOCATION(S) (EXACT STREET ADDRESS REQUIRED)		
TELEPHONE NUMBER	E-MAIL ADDRESS	COMMERCIAL ACTIVITY LICENSE NUMBER

I have read Section 9-634 of the Philadelphia Code, titled "Immigration Assistance Services," and I agree to conduct business in accordance with the provisions of this Section. I acknowledge that failure to do so may result in fines and penalties pursuant to the provisions of Section 9-634(3)(a)(1).

I attest that I have obtained a surety bond in the amount of \$50,000 pursuant to the provisions of Section 9-634(3)(a)(2).

I acknowledge that this registration must be updated annually, beginning on the date exactly one year from the date of the initial registration.

Signed: _____

Print name: _____

Date: _____

Please mail or email completed form to:
Department of Licenses + Inspections
Customer Care Unit
Municipal Services Building
Concourse Level
1401 John F. Kennedy Blvd.
Philadelphia, PA 19102
license.issuance@phila.gov

For further information, call (215) 686-8686

A list of registered immigration assistance providers is available at www.phila.gov/li

For Office Use Only:

Received _____
(date)

Accepted _____
(date)

Expires _____
(date)