OGLETHORPE COUNTY
CONTRACTOR REGISTRATION
APPLICATION

DATE _____

TYPE CONTRACTOR (CIRCLE APPLICABLE)

BUILDING **ELECTRICAL** **MECHANICAL** **PLUMBING**

APPLICANT NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE _____ **CELL PHONE** _____ **FAX NUMBER** _____

BUSINESS LICENSE NUMBER _____ **BUSINESS LICENSE CITY/COUNTY** _____

STATE REGISTRATION NUMBER(S) _____ **STATE EXPIRATION DATE(S)** _____

OWNER OR AGENT NAME (PLEASE PRINT) _____

SIGNATURE _____

FOR OFFICE USE ONLY

REGISTRATION NUMBER _____ DATE ISSUED _____