Contractor Registration

Oceana County Building Department
3986 N Oceana Dr.
Hart, MI 49420
bi@oceana.mi.us
231 873 5355

Please complete the following information and return. We will need a copy of any licenses and a photo id of license holder. If you carry more than one type of license, please complete a separate registration for each license.

First Name_____

Last Name_____

Company Name_____

Mailing Addresss_____

City, State, Zip_____

Telephone Number_____

Cell Number_____

Fax Number_____

E mail address_____

Name of Authorized signatures for company

_____

_____

_____

License Type (Bldg, Elect, Plbg, Mech, Boiler)_____

Contractor License #_____Exp Date_____

Master License #_____Exp Date_____

Workers' Comp Carrier_____

UIA Empl Acct # _____or Self employed_____

Federal ID Number_____

Signature of License Holder _____

Date _____