

CITY OF OREGON ~ BUILDING INSP DEPT
5330 SEAMAN ROAD ~ OREGON, OH 43616 ~ 419-698-7077
APPLICATION FOR TRADESMAN LICENSE, CONTRACTOR REGISTRATION,
OR JOURNEYMAN AND APPRENTICE REGISTRATION

ALL contractors shall provide proof of insurance. * New tradesman shall include copies of license by State of Ohio and any other jurisdiction issued by test.

PLEASE be advised that NEW contractors are required to register with the City of Oregon Tax Dept. by filling out a Tax Registration Form, which can be found on our website (www.oregonohio.org).

*NOTE: Failure to provide a certificate of liability insurance or fill out the tax registration form at time of application WILL RESULT in your application being returned to you and not processed.

A bond in the amount of \$4,000 shall be included for ALL sewer contractors. A bond in the amount of \$2,000 shall be included for ALL paving contractors.

IF RENEWING annual License/Registration, \$40 must be submitted with this application and filed NO LATER THAN DECEMBER 31ST. Thirty (30) days after expiration date initial fee of \$100 will be required.

*****NOTE: JOURNEYMEN - \$25 fee and APPRENTICES - \$15 fee *****

In accordance with the requirements of the Building Code of the City of Oregon, the undersigned does hereby make application for Certificate of License/Registration as:

PLEASE PRINT

TYPE LICENSE/REGISTRATION _____

YOUR NAME _____

YOUR ADDRESS _____

CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ HOME PHONE NO. _____

COMPANY NAME _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ MOBILE/CELL _____ FAX NO. _____

EMAIL ADDRESS _____

SIGNATURE _____

**ALL TRADESPERSONS WORKING ON THE JOB SITE MUST CARRY
AN INDIVIDUAL CITY OF OREGON LICENSE/REGISTRATION, NO EXCEPTIONS!**

Tradespersons: Electrical, Plumbing, Heating, Refrigeration, Hydronics, Sprinkler/Fire Protection, Mechanics, Journeymen and Apprentices per Chapter 1365.

DO NOT WRITE BELOW THIS LINE

CITY OF OREGON LICENSE NO. _____ STATE OF OHIO NO. _____ EXP. DATE _____

RECEIPT# _____ AMT. DUE _____ AMT. PAID _____ DATE PAID _____