



For OSE use only.

<p>Approved on ____/____/____ By _____</p>
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OSE Database Agency User Registration Form

(Only 1 person per form)

Complete this form to become an Agency User and gain access to the OSE Database. You must fill in all fields below. We cannot approve your request without all information requested.

If you have any questions about this form, need help to complete it or would like more information about the OSE Database, please contact Michael Cooper at: MCooper@mmo.sc.gov or 803-737-1683

Full Name	
Position Title	
State Agency	
Work Phone Number	
Work Email Address	

Signature: _____ **Date:** ____ / ____ / ____

Full Name (please print): _____

Email the completed form to Michael Cooper at: MCooper@mmo.sc.gov