



Application for Certification

Elevator Inspector • Electrical Inspector • Plumbing Inspector

Department of Consumer & Business Services

Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon

Phone: (503) 373-1268 • Fax: (503) 378-2322 • TTY: (503) 373-1358

Web: bcd.oregon.gov

Mail application with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

The application fee for each certification is \$22.

STEP 1 APPLICANT INFORMATION (please print)		
Name: Last	First	Middle initial
Phone: ()		
Address (street or P.O. box):		Fax: ()
City:	State:	ZIP:
Social Security number: (Required, ORS 25.785)	E-mail:	

STEP 2 TYPE OF APPLICATION	
<input type="checkbox"/> Elevator inspector..... 70211	<input type="checkbox"/> Plumbing inspector 70611
<input type="checkbox"/> Electrical inspector..... 70111	<input type="checkbox"/> Residential plumbing inspector..... 70611
<input type="checkbox"/> Residential electrical inspector..... 70111	<input type="checkbox"/> Limited plumbing inspector, building sewer..... 70611

STEP 3 TEST LOCATION	
Upon approval of your application and fee payment, BCD will send you a letter authorizing you to sit for an examination. Choose one examination location from the list below.	
<input type="checkbox"/> Bend	<input type="checkbox"/> Klamath Falls
<input type="checkbox"/> Coquille	<input type="checkbox"/> Lincoln City
<input type="checkbox"/> Eugene	<input type="checkbox"/> Ontario
<input type="checkbox"/> Gresham	<input type="checkbox"/> Pendleton
<input type="checkbox"/> Portland	<input type="checkbox"/> White City
<input type="checkbox"/> Roseburg	
<input type="checkbox"/> Salem	
<input type="checkbox"/> The Dalles	

DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved	Signature: _____ Date: _____
<input type="checkbox"/> Denied	Signature: _____ Date: _____
<input type="checkbox"/> Incomplete	Signature: _____ Date: _____
Comments: _____	

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do *not* fax; do *not* send cash.

Please complete both pages of the application. Applicant *must* sign Page 2 of application.

The application fee for each certification is \$22.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: ()
Credit card number		Expiration date	
Name of cardholder as shown on credit card			
Cardholder signature		Amount	

DCBS Fiscal use only: All 12104/0600



STEP 4 EMPLOYMENT HISTORY

List your experience consecutively, beginning with your present or most recent position. Describe in detail your related duties and responsibilities, technical areas, type of buildings, occupancies, etc. If more space is needed to list experience, please attach additional sheets.

Please print

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____	

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____	

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____	

STEP 5 VERIFICATION OF WORK EXPERIENCE

Plumbing and electrical applicants must submit a separate verification, filled out and signed by the employer, for each place of employment used to qualify for a certification. Use form 440-2521A.

STEP 6 EDUCATION AND RELATED CERTIFICATIONS

Education may be used to meet certification requirements. If you intend to substitute education for experience, attach a copy of your college transcript, diploma, certificate, or degree.

List current/active certifications or registrations:

Type:	No.:	Expires:
Type:	No.:	Expires:
Type:	No.:	Expires:

OAR 918-098-1500 — (1) An applicant shall not be qualified to be certified as a building official or inspector if the person provides false information in an application. (2) Persons denied certification under this rule shall be required to wait at least one year from the date the application was denied before they may reapply for any certification.

By my signature, I affirm the information I provided is true, correct, and complete. I understand incorrect statements or omission of material facts may result in denial of this application.

Applicant signature: _____ Date: _____