



# Residential Restricted Energy Electrical Installer Log

Department of Consumer & Business Services  
**Building Codes Division**  
1535 Edgewater NW  
Salem, OR 97310  
(503) 378-4133, Fax: (503) 378-2322

## FOR DEPARTMENT USE ONLY

Permit no.:

Label no.:

Date:

Issued by:

Office:

**To be completed by inspecting jurisdiction.**

### TYPE OF WORK (CHECK ONE)

- |  |  |
|--|--|
| <input type="checkbox"/> Audio and stereo systems                            | <input type="checkbox"/> Landscape irrigation control**    |
| <input type="checkbox"/> Burglar alarm                                       | <input type="checkbox"/> Landscape lighting & irrigation** |
| <input type="checkbox"/> Garage door opener*                                 | <input type="checkbox"/> Outdoor landscape lighting**      |
| <input type="checkbox"/> Fire alarm  | <input type="checkbox"/> Vacuum systems*                   |
| <input type="checkbox"/> Heating, ventilation, and air conditioning systems* | <input type="checkbox"/> Other: _____                      |

Number of systems: \_\_\_\_\_

\*No licenses are required. Licenses are required for all other installations.

\*\*No licenses are required if employed is a registered landscape contractor.

### SYSTEM/COMPANY INFORMATION

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

### SYSTEM/COMPANY INFORMATION

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

System: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ CCB Lic. no.: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Lic. no.: \_\_\_\_\_

**This must be posted at the job site on or near the service panel.  
If there is not service panel, post on or near the installed product.**