



Application for Boiler Inspector Certification

Department of Consumer & Business Services
Building Codes Division
1535 Edgewater St. NW, Salem, Oregon
Phone: 503-373-1268 • Fax: 503-378-2322
Web: bcd.oregon.gov

Mail application with payment to:

DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

STEP 1 OBTAINED BY

Indicate the method of application by checking the appropriate box below:

- Application for examination
- Application using out-of-state certificate of competency (ORS 480.565)

Inspector for: State Insurance Owner/user Process piping

STEP 2 APPLICANT INFORMATION (please print)

Name: Last First Middle initial

Address (street or P.O. Box):

City: State: ZIP:

Phone: - - Fax: - - E-mail:

Social Security number (Required, ORS 25.785): - -

Supervisor name:

Jurisdiction certificates of competency:

National Board Inspector Commission number and endorsements:

Copy of National Board Inspector Commission card enclosed: Yes No

Signature of applicant: Date:

STEP 3 EMPLOYER INFORMATION (please print)

Employer name:

Address (street or P.O. Box):

City: State: ZIP:

Phone: - - Fax: - - E-mail:

STEP 4 EMPLOYER CERTIFICATION

I certify the applicant meets the experience requirements of an inspector commissioned by the National Board of Boiler and Pressure Vessel Inspectors.

Name (printed): Title:

Signature of employer: Date:

Continued on next page

Secure fax for credit card payments:
(503) 947-2333

If paying by credit card, applicant must sign credit card information box.

<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

Application fee is \$110.

Application fees are nonrefundable.

Make check or money order payable to Department of Consumer & Business Services. Do *not* send cash.

DCBS Fiscal use only: 12104/0600

STEP 5**TESTING INFORMATION**

An appointment is required for the examination.

DEPARTMENT USE ONLY

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

CLASSIFICATION REQUIREMENTS**Deputy Inspector (DI):**

- Must be BCD/state employee
- Must have National Board Inspector Commission
- The employer must submit the completed application form to the Department of Consumer & Business Services
- Must pass competency exam

Special Inspector (OR):**Insurance company employee:**

- Must be employed by an Oregon accepted insurance company
- Must have National Board Inspector Commission
- The employer must submit the completed application form to the Department of Consumer & Business Services
- Must pass competency exam

Owner/user employee:

- Must have National Board Inspector Commission
- The employer must submit the completed application form to the Department of Consumer & Business Services
- Must pass competency exam

Process Piping Inspector (PPI) — Category “M” Fluid Service Piping:

- Must attach a copy of resume detailing work history to meet minimum experience required (OAR 918-225-0665)
- Must pass competency exam