



**OREGON STATE MARINE BOARD  
STATEMENT OF CONTRACTOR & FOAM ENCAPSULATION CERTIFICATION  
NEW or REMODELED FLOATING PROPERTY**

<b>Applicant Information</b>	
Owner Name:	Phone #
Owner Address:	
<b>Contractor Information</b>	
Contractor Name:	Phone #
Contractor Address:	CCB#

<b>Project Location</b>		
Marina Name and Slip #:		
Address:		
County:	Waterway:	River Mile:
Is consent to enter property granted to the Marine Board? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Project Information</b>				
Project Type: Floating Home <input type="checkbox"/> Boat House <input type="checkbox"/> Combination <input type="checkbox"/>				
Dimensions of Floating Structure	Length:	Width:	Number of Rooms:	Number of Stories:
Exterior Material: Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Steel <input type="checkbox"/> Other:				
Roof Type: Composition <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other:				
Activity Type: New <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Alteration <input type="checkbox"/>				
Estimated Date of Completion or Placement in Water:				

<b>Type of Floatation Used to Support this Structure</b>	
Flotation: Pilings <input type="checkbox"/> pontoons <input type="checkbox"/> Logs <input type="checkbox"/> Barrels <input type="checkbox"/> Expanded "White Bead" Foam <input type="checkbox"/> Extruded Dow7 Foam <input type="checkbox"/> Encapsulated Foam (requires certification) <input type="checkbox"/> Other:	

<b>Materials and Methods Used to Encapsulate Expanded White Bead Foam</b>	
Treated Wood <input type="checkbox"/> Treated Plywood <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Hard Plastics <input type="checkbox"/> Plastic Sheets <input type="checkbox"/> Liquid Coatings <input type="checkbox"/> N/A <input type="checkbox"/> Other:	
Thickness of Encapsulating Material (wood, plastic, etc.):	
Product name or description:	
Cubic Feet of Foam:	Number of Billets: Round <input type="checkbox"/> Square <input type="checkbox"/>

I certify that the information given in this statement is correct to the best of my knowledge. The proposed project and activity described in this certification form complies with the Floatation Encapsulation Program Rules and will be completed and installed in a manner consistent with program requirements.

<b>Applicant Signature</b>	<b>Date</b>
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Return to: OSMB – PO Box 14145 – Salem OR 97309      Contact: marine.board@state.or.us (503) 278-8587