



Post-Earthquake Damage Inspector Registration

Check appropriate box:

- General inspector
 Limited inspector

Department of Consumer and Business Services

Building Codes Division • 1535 Edgewater NW, Salem, Oregon

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

Phone: 503-373-1268 • Fax: 503-378-2322 • Web: bcd.oregon.gov

STEP 1		APPLICANT INFORMATION	
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	QUALIFICATION BY REGISTRATION OF CERTIFICATION
<p><i>See reverse side for registration requirements.</i></p> <p>As applicable: Affix architect or engineer stamp at right or attach a photocopy of current pocket card to this application.</p>	
(Stamp)	

List current/active related certifications or registrations below. List primary certification first:

Type	Number	Expiration date

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

Applicant's signature: _____ Date: _____

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



