



**Construction Contractors Board
700 Summer Street NE Suite 300
PO Box 14140
Salem OR 97309-5052
503-378-4621**

REPAIR RIDE ALONG FOR HOME INSPECTOR CERTIFICATION

Name of Home Inspector	OCHI No
BCD Contractor Name	BCD License No
Date(s) Accompanied	Number of Hours Spent
Type of Repair: <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC	

Signature of BCD Licensee	Date

(Make additional copies as needed.)