APPLICATION FOR NEW CARDLOCK FACILITY LICENSE

OFFICE OF STATE FIRE MARSHAL

DEPARTMENT OF STATE POLICE
(503) 373-1540, Ext. 285
TTD Line: (503) 390-4661
Fax: (503) 373-1825

OSFM USE ONLY:
Issue Date: _____

Cardlock ID #: _____

PLEASE MAIL CHECK/ APPLICATION TO:
Office of State Fire Marshal
License and Permit Services Unit
P O Box 4395 Unit 09
Portland, OR 97208-4395

LICENSE TYPE (CHECK ONE): ☐ **Cardlock Only** **Dual Operation by** ☐ **Distance**

☐ **Conditional Use** **Dual Operation by** ☐ **Time**
(Complete addendum - Form 121)

Business Name Phone:

Owner or CEO (Name & Title)

Business Address:

Mailing Address: FAX:

Contact Person: E-Mail

Facility Name

Facility Address:

REQUIRED: Submit The Following For Each Facility

1. A separate and complete application for each site.
2. A blank copy of the customer written agreement between the operator and customer.
3. The required license fee for each facility and customer fee
4. A copy of the safety training you provide to your customers.
5. For a time separation complete and attach addendum - Form 121

Individual applicants are required by federal law to provide their social security number (SSN) on applications for an initial or renewal license. This is mandatory. The authority for this requirement is Oregon Law 1997, Chapter 746, Section 117 (ORS 25.785) and 42 USC 666(a)(13). Failure to provide your SSN will be a basis to refuse to issue or renew your license. Your SSN will remain on file at OSFM. The record of your SSN will be used for child support enforcement purposes only, unless you authorize other uses of the number.

☐ My SSN is: _____ Other than an individual (i.e., corp. or partnership); therefore, no SSN is required.

Facility License Fee (45023-0246) $ 250.00

TOTAL: $ _____

CERTIFICATION: I certify per ORS 162.075 that the owner/operator of the facility covered by this application will comply with the applicable provisions of ORS 480.345, OAR Chapter 837 Division 20, and the Oregon Fire Code, and that the information supplied in this application is true and correct.

Owner/Operator: Authorized Signature Date