



Third Party Plan Review and Inspection Business Registration Application (SRB)

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

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

503-373-1268 • Fax: 503-378-4101 • TTY: 503-373-1358

oregon.gov/bcd

Mail application with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

Application fee is \$50

STEP 1 APPLICANT INFORMATION (please print)			
Registered business name (sole proprietorship, partnership, corporation, or LLC):		Oregon registry number:	
Business name (DBA/ABN):			
Type of entity: <input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation of the state of
Business mailing address:		<input type="checkbox"/> LLC	
City:		State:	ZIP:
Phone:	Fax:	Email:	
Name of contact person:		Position:	
STEP 2 PRINCIPALS, OFFICERS, DIRECTORS, MAJOR SHAREHOLDERS/OTHER RESPONSIBLE AGENTS			
Name		Title	
_____		_____	
_____		_____	
_____		_____	
STEP 3 MANAGERS AND SUPERVISORS OF PLANS REVIEWERS AND INSPECTORS			
Name		Title	
_____		_____	
_____		_____	
_____		_____	
DEPARTMENT USE ONLY			
<input type="checkbox"/> Approved	Signature: _____		Date: _____
<input type="checkbox"/> Denied	Signature: _____		Date: _____
Comments: _____			

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

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

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

The registration application fee is \$50. 70711

<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 _____

Fiscal use only: 12104/0600



STEP 4 PLANS REVIEWERS/PLANS EXAMINERS/INSPECTORS

List all plans reviewers, plans examiners, and inspectors whether they are employed or under contract.

Name	Certification or license number

STEP 5 MUNICIPALITIES/GEOGRAPHICAL AREA

Name of municipality	Scope of work	Geographical area

STEP 6 LIABILITY INSURANCE INFORMATION OAR 918-090-0110(2)(g)

Attach certificate of general liability insurance of at least \$1 million from insurance company.

Name of insurance company agent: _____

Phone number: _____

STEP 7 ERRORS AND OMISSIONS LIABILITY INSURANCE INFORMATION OAR 918-090-0110(2)(h)

☐ Applying business carries own insurance
Attach certificate of errors and omissions liability insurance with an aggregate limit of at least \$500,000 per occurrence and \$500,000 per policy year

Name of insurance company agent: _____

Phone number: _____

☐ Applying business has errors and omissions insurance covered by the contracted municipality insurance.
Attach documentation from all contracting municipalities insurance carriers stating the applying business is covered under the policy with an aggregate limit of at least \$500,000 per occurrence and \$500,000 per policy year.

STEP 8 QUALITY CONTROL MANUAL OAR 918-090-0300

Attach a quality-control manual describing the following:

- Scope of work performed by the business.
- Organizational structure of the company, including the person responsible for technical management and quality control.
- A listing of business's contact information, including address, phone, fax, and, if available, email.
- Name and policy number of insurance carriers or the verification from the municipality having jurisdiction.
- Procedure for approval of alternate materials, design, or methods of construction and modifications through the building official.
- Any documented policies and procedures describing business operations or application of the state building code and related regulations. This may be substituted by the policies and procedures used by the jurisdiction having authority.
- Registered businesses providing services as building official or inspection services as the jurisdiction having authority must also include:
 - Procedures for creating, maintaining, and notifying the division of changes to the operating plan, and
 - Documentation of accounting procedures for receiving permit and hourly inspection fees and submitting required state surcharge reports and revenues to the division.

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

Applicant's name (print): _____

Applicant's signature: _____ Date: _____

