



Certification Experience Verification

Electrical Inspector • Plumbing Inspector

Department of Consumer & Business Services

Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon

Phone: (503) 373-1268 • Fax: (503) 378-2322 • TTY: (503) 373-1358

Web: bcd.oregon.gov

Mail verification to:

Building Codes Division

P.O. Box 14470

Salem, OR 97309-0404

STEP 1 APPLICANT INFORMATION (please print)

Name (applicant): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () Fax: () E-mail: _____

Applicant must submit separate verification of experience for each place of employment.

This application to the Oregon Building Codes Division is for certification as a:

- Electrical inspector
- Residential plumbing inspector
- Residential electrical inspector
- Limited plumbing inspector — Building sewer
- Plumbing inspector

STEP 2 VERIFIED EXPERIENCE (Completed by applicant or verifier)

Enter years of applicable work at all levels. One year of experience is equivalent to 2,000 hours.

ELECTRICAL WORK		YEARS	PLUMBING WORK		YEARS
Total electrical work			Total plumbing installation		
Commercial		_____	Commercial		_____
Industrial.....		_____	Residential		_____
Residential		_____	Total legal inspection experience		
Total legal inspection experience			Commercial		_____
Commercial		_____	Residential		_____
Industrial.....		_____	Total design experience		
Residential		_____	Commercial		_____
Total electrical experience		_____	Residential		_____
			Total plumbing experience.....		_____

STEP 3 VERIFIER INFORMATION

Name of verifier: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () Fax: () E-mail: _____

I have direct knowledge of the applicant's experience, as the applicant's: Employer Supervisor

Verifier's signature: _____ Co-worker Business associate

Applicant employer: _____ Period of employment: _____

Applicant's position: _____ From: _____ To: _____

Please complete both pages of the form.

