



Signing Supervisor Change Notice

Department of Consumer & Business Services

Building Codes Division • 1535 Edgewater NW, Salem, OR

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

(503) 373-1268, Fax: (503) 378-2322

www.bcd.oregon.gov

COMPANY INFORMATION

Construction Contractor Board (CCB) no.: _____

Electrical contractor license no.: _____

Company name: _____

Address: _____

City State ZIP

Phone: () _____

NEW ACTING SIGNING SUPERVISOR INFORMATION

I, _____ the undersigned, as of _____, will act as the
(Print name) (Date)

signing supervisor for the above company. I will sign all label applications and countersign all labels. As supervisor, I will be responsible for ensuring that all electrical installations meet minimum safety standards and that all such installations will be made in compliance with ORS 479.510-850.

Signature of qualified signing supervisor Signer's license no.

RESIGNING ACTING SIGNING SUPERVISOR INFORMATION

I, _____ the undersigned, as of _____, will not be
(Print name) (Date)

acting as the signing supervisor for the above company.

Signature of qualified signing supervisor Signer's license no.

DEPARTMENT USE ONLY

☐ Employer notified Date: _____ By _____
(Initials)

Comment(s): _____