



Master Builder Certification Application

Department of Consumer & Business Services
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
Phone: (503) 373-1268 • Fax: (503) 378-2322
bcd.oregon.gov

Mail application with payment to:

DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

The master builder certification application fee is \$150.

STEP 1 APPLICANT INFORMATION (please print)			
Last		First	Middle initial
Name:			CCB no.:
Address (street or P.O. box):			
City:		State:	ZIP:
Phone: ()	Fax: ()	E-mail:	
Social Security number (Required, ORS 25.785): - -			
STEP 2 TRAINING PROGRAM INFORMATION			
Applicant must attach documentation of completion of a division-approved 36-hour training course that covers the current Oregon Residential Specialty Code.			
Course title:			
Offered by:		Instructor:	
Location:		Date:	
STEP 3 TEST LOCATION			
Upon approval of your application and fee payment, BCD will send you a letter authorizing you to sit for an examination. Choose one examination location from the list below.			
<input type="checkbox"/> Bend	<input type="checkbox"/> Gresham	<input type="checkbox"/> Ontario	<input type="checkbox"/> Roseburg
<input type="checkbox"/> Coquille	<input type="checkbox"/> Klamath Falls	<input type="checkbox"/> Pendleton	<input type="checkbox"/> Salem
<input type="checkbox"/> Eugene	<input type="checkbox"/> Lincoln City	<input type="checkbox"/> Portland	<input type="checkbox"/> White City
DEPARTMENT USE ONLY			
<input type="checkbox"/> Approved	Signature: _____	Date: _____	
<input type="checkbox"/> Denied	Signature: _____	Date: _____	
<input type="checkbox"/> Incomplete	Signature: _____	Date: _____	
Comments: _____			

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

Please complete both pages of the application.
Applicant *must* sign Page 2 of application.

The master builder certification fee is \$150.

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do *not* send cash.

<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	

DCBS Fiscal use only: 12104/0600



STEP 3**EMPLOYMENT HISTORY**

List your experience consecutively, beginning with your present or most recent position. Describe in detail your related duties and responsibilities, technical areas, kind of buildings, occupancies, etc. If more space is needed to list experience, please attach additional pages.

Please print

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____ _____	
Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____ _____	
Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____ _____	

An applicant who knowingly provides false information in an application or cheats before or during an examination will not be certified as a master builder.

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

Applicant signature: _____ Date: _____