



License/Certification Information Change/ Duplicate Request

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

Mail form with payment to:

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

LICENSE INFORMATION

List *all* licenses you have with the Building Codes Division. *Check* each license you want changed or reprinted.

Plumbing 70611	Electrical 70111	Elevator 70211	Boiler 70311	Manuf. Dwelling 70411	Structural 70711
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS OR NO CHANGE

NEW

Individual name information

Last	First	M.I.	Last	First	M.I.
------	-------	------	------	-------	------

Business name information

Construction Contractor Board (CCB) no.:	Construction Contractor Board (CCB) no.:
--	--

Name as appears on CCB license:	Name as appears on CCB license:
---------------------------------	---------------------------------

DBA:	DBA:
------	------

Address information

Street or P.O. Box:	Street or P.O. Box:
---------------------	---------------------

City:	State:	ZIP:	City:	State:	ZIP:
-------	--------	------	-------	--------	------

E-mail:	E-mail:
---------	---------

Each changed or reprinted license costs \$10.00. Changing the name of a license is an automatic reprint.

Number of reprints: _____ X \$10.00 = \$ _____

Signature: _____ Date: _____

Secure fax for credit card payments:

503-947-2333

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

<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	

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

DCBS Fiscal use only: 12104/0600