



Oregon Inspector Certification Application

Department of Consumer and Business Services

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

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

Web: oregon.gov/bcd

Mail application with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

Secure fax: 503-947-2333

GENERAL INFORMATION

Every person who performs building official duties, building code inspections, or plan reviews must possess a valid Oregon Inspector Certification (OIC) **and** a valid appropriate Oregon Code Certification or a valid appropriate International Code Council certification for the work being performed (OAR 918-098-1010).

STEP 1 APPLICANT INFORMATION (please print)

Last		First		Middle initial	Phone: - -
Name:					Fax: - -
Address (street or P.O. Box):					ZIP:
City:			State:		ZIP:
Social Security number (Required, ORS 25.785): - -			Email:		

STEP 2 CRITERIA AND CLASS DATE

Live attendance is required in Salem, at BCD's office, Conference Room C. Test is incorporated into class. Please check one box below in either section 1 or 2 to indicate you meet the necessary criteria to register for an OIC class:

Section 1:

- I have been pre-approved to take an Oregon state electrical or plumbing inspector exam.
- I have been hired by a municipality.
- I have national certifications to convert (*please attach completed national certification conversion application*).
- I have a bachelor's or master's degree in architecture or engineering.
- I have certifications that are currently inactive due to my expired OIC.
- I am required by the division to take the class.

Section 2:

- I have registered for an electrical, plumbing, or structural certification course and understand this class is part of the certification requirement.

(Based on availability, OIC class date will be determined once payment has been processed.)

STEP 3 SIGNATURE OF APPLICANT

Signature:	Date:
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<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
_____	\$ _____
Cardholder signature	Amount
_____	/
Name of cardholder as shown on credit card	Expiration date
_____	_____
Credit card number	Expiration date

Make check or money order payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign credit card information box. Do **not** send cash. **Secure Fax: 503-947-2333**
The application fee is \$125. Application fees are nonrefundable.

DCBS Fiscal use only: 70911/0407

