



Application for Boiler Inspector Certification

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

Mail application with payment to:

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

STEP 1		TYPE	
Inspector for: <input type="checkbox"/> State <input type="checkbox"/> Insurance <input type="checkbox"/> Owner/user <input type="checkbox"/> Process piping			
STEP 2 APPLICANT INFORMATION (please print)			
Last		First	Middle initial
Name:			
Address (street or P.O. Box):			
City:		State:	ZIP:
Phone:	Fax:	Email:	
Social Security number (Required, ORS 25.785):			
Supervisor name:			
Jurisdiction certificates of competency:			
National Board Inspector Commission number and endorsements:			
Copy of National Board Inspector Commission card enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of applicant:			Date:
STEP 3		EMPLOYER INFORMATION (please print)	
Employer name:			
Address (street or P.O. Box):			
City:		State:	ZIP:
Phone:	Fax:	Email:	
STEP 4		EMPLOYER CERTIFICATION	
I certify the applicant meets the experience requirements of an inspector commissioned by the National Board of Boiler and Pressure Vessel Inspectors.			
Name (printed):			Title:
Signature of employer:			Date:

Continued on next page

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:
/	
Cardholder signature	Expiration date
Name of cardholder as shown on credit card	
Credit card number	\$ Amount

Application fee is \$110.

Application fees are nonrefundable.

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

DCBS Fiscal use only: 12104/0600



STEP 5**TESTING INFORMATION**

An appointment is required for the examination.

DEPARTMENT USE ONLY

<input type="checkbox"/> Approved	Signature: _____	Date: _____
<input type="checkbox"/> Denied	Signature: _____	Date: _____
<input type="checkbox"/> Incomplete	Signature: _____	Date: _____
Comments: _____		

CLASSIFICATION REQUIREMENTS**Deputy Inspector (DI):**

- Must be BCD/state employee
- The employer must submit the completed application form to the Department of Consumer and Business Services
- Must pass competency exam

Special Inspector (OR):**Insurance company employee:**

- Must be employed by an Oregon accepted insurance company
- Must have National Board Inspector Commission
- The employer must submit the completed application form to the Department of Consumer and Business Services
- Must pass competency exam

Owner/user employee:

- Must have National Board Inspector Commission
- The employer must submit the completed application form to the Department of Consumer and Business Services
- Must pass competency exam

Process Piping Inspector (PPI) — Category “M” Fluid Service Piping:

- Must attach a copy of resume detailing work history to meet minimum experience required (OAR 918-225-0665)
- Must pass competency exam