



Boiler License Application, Classes 1-6

Department of Consumer and Business Services • Building Codes Division

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

1535 Edgewater St. NW, Salem, OR 97304

Phone: 503-373-1268 • Web: oregon.gov/bcd

Mail or fax application

with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

Secure fax:

503-947-2333

IMPORTANT: Read the application instructions before completing this form. Complete all steps before submitting your application and refer to the checklist below. **Application fees are non-refundable.**

<input type="checkbox"/>	Applicant information is complete
<input type="checkbox"/>	All applicant's individual licenses held in Oregon are included
<input type="checkbox"/>	Selected a testing location
<input type="checkbox"/>	Selected a license type and included all applicable fees
<input type="checkbox"/>	Employment history section completed
<input type="checkbox"/>	Passport-style photo (2-inch by 2-inch) with applicant's name on the back attached
<input type="checkbox"/>	Application signed and dated
<input type="checkbox"/>	Class 3-5B Only: Experience verification form (440-2488A) for each employer attached
<input type="checkbox"/>	Class 6 Only: Include a written statement from employer that the applicant is qualified as a welder under ASME section IX part QW, and is qualified to that employer's welding procedures

STEP 1 APPLICANT INFORMATION (please print)

Name: <i>(first, middle, last)</i>		Phone:
Address:		Fax:
City:	State:	ZIP:
Social Security number: <i>(Required, ORS 25.785)</i>	Email:	

STEP 2 PREVIOUS LICENSES

List all individual licenses that you currently hold or have held in the state of Oregon.

List licenses: _____

STEP 3 TEST LOCATION

Upon approval of your application and fee payment, Building Codes Division (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"/> Hermiston | <input type="checkbox"/> Ontario | <input type="checkbox"/> Roseburg |
| <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 | |

STEP 3 TYPE OF APPLICATION (choose one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Class 1 \$82.50 | <input type="checkbox"/> Class 4 \$82.50 | <input type="checkbox"/> Class 5-B \$82.50 |
| <input type="checkbox"/> Class 2 \$82.50 | <input type="checkbox"/> Class 5 \$82.50 | <input type="checkbox"/> Class 6 \$82.50 |
| <input type="checkbox"/> Class 3 \$82.50 | <input type="checkbox"/> Class 5-A \$82.50 | |

70311/1001

**Secure fax for credit card payments:
503-947-2333**

**Make check or money order payable to Department
of Consumer and Business Services**

Do not send cash

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	Amount

Name of cardholder as shown on credit card	/

Credit card number	Expiration date

FISCAL USE ONLY: 12104/0600

STEP 5**EMPLOYMENT HISTORY**

List your experience consecutively, beginning with your current or most recent position. Describe your duties and responsibilities in detail. If more space is required to list experience, attach additional sheets.

Verification of work experience must accompany this application for classes 3-5B. See attached instructions.

Employer's name:					
Address:					
Phone:		Period of employment			
Supervisor's name:		From:		To:	
Position title:		Hours per week:			
Describe work performed:					
Employer's name:					
Address:					
Phone:		Period of employment			
Supervisor's name:		From:		To:	
Position title:		Hours per week:			
Describe Work Performed:					
Employer's name:					
Address:					
Phone:		Period of employment			
Supervisor's name:		From:		To:	
Position title:		Hours per week:			
Describe work performed:					
Employer's name:					
Address:					
Phone:		Period of employment			
Supervisor's name:		From:		To:	
Position title:		Hours per week:			
Describe work performed:					
Employer's name:					
Address:					
Phone:		Period of employment			
Supervisor's name:		From:		To:	
Position title:		Hours per week:			
Describe work performed:					

STEP 6**VERIFICATION OF WORK EXPERIENCE (CLASS 3-5B ONLY)**

To provide proof of your work experience, submit a Boiler Experience Verification form (440-2488A) from **each** of your employers.

OR

Applicants relying on military experience must submit the following:

- Official documentation from supervising official showing the type and approximate hours of work experience
- Other reliable documentation verifying training and experience if supervisor cannot be located

STEP 7**PHOTOGRAPH OF APPLICANT**

Applicants must submit a 2-inch by 2-inch passport-style photo. Applicant name must be written on the back of the photo and included with your application. This photo will be printed on your license when it is issued. **Please do not staple the photo.**

APPLICANT AFFIDAVIT

I hereby certify that the information provided on this application is complete and correct to the best of my knowledge. I possess a high school diploma, GED, or equivalent. I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application under ORS 455.125, and if I provide false information on this application or cheat on a licensing examination, my application will be denied and I may not apply for any license or be allowed to take any division-related examination for one year from the date of denial under OAR 918-001-0040.

Applicant's Signature:

Print Name:

Date:

DEPARTMENT USE ONLY

Approved

Denied

Signature: _____

Date: _____

Comments: _____

Qualifications and Scope of work

CLASS 1	TRAINEE/HELPER – OAR 918-225-0691(3)
<p>Scope: May install, alter, or repair boilers, pressure vessels, or pressure piping by any nonwelded method of attachment. This work can be done only under the direct supervision of an appropriately qualified license holder. The direct supervision must be a ratio of one qualified license holder to one trainee. No code welding can be done under this license.</p> <p>Qualifications:</p> <ul style="list-style-type: none">• Complete application• Pay fee• Experience is not required	
CLASS 2	PRESSURE-VESSEL INSTALLER – OAR 918-225-0691(4)
<p>Scope: May install or repair unfired pressure vessels by any nonwelded method of attachment.</p> <p>Qualifications:</p> <ul style="list-style-type: none">• Complete application• Pay fee• Pass an examination• Experience is not required	
CLASS 3	BUILDING-SERVICE MECHANIC – OAR 918-225-0691 (5)
<p>Scope: May install or repair boilers (including boiler and nonboiler external piping) and unfired pressure vessels by a nonwelded method of attachment.</p> <p>Qualifications:</p> <ul style="list-style-type: none">• Complete application• Pay fee• Pass an examination• Provide 2,000 hours of verified work experience installing and repairing boilers	
CLASS 4	BOILERMAKER – OAR 918-225-0691 (6)
<p>Scope: May install, alter, or repair boilers and pressure vessels (excluding nonboiler external piping) by welding or other methods of attachment.</p> <p>Qualifications:</p> <ul style="list-style-type: none">• Complete application• Pay fee• Pass an examination• Provide 2,000 hours of verified work experience welding AND 2,000 hours work experience doing non-welding applications involving boiler or pressure vessels	
CLASS 5	PRESSURE-PIPING MECHANIC – OAR 918-225-0691 (7)
<p>Scope: May fabricate, install, alter, and repair pressure piping; install boilers and pressure vessels by attachment of piping connections; and install, assemble, and repair cast iron sectional boilers.</p> <p>Qualifications:</p> <ul style="list-style-type: none">• Complete application• Pay fee• Pass an examination• Provide 2,000 hours of verified work experience performing pipe-welding on ASME B31 pressure piping AND 2,000 hours work experience doing nonwelding applications involving boiler or pressure vessels	

CLASS 5A PROCESS-PIPING MECHANIC – OAR 918-226-0691 (8)

Scope:

May fabricate, install, alter, or repair B31.3 process piping.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Provide 2,000 hours of verified work experience performing pipe-welding or brazing on ASME B31.3 pressure piping AND 2,000 hours work experience on pressure piping

CLASS 5B REFRIGERATION-PIPING MECHANIC – OAR 918-225-0691 (9)

Scope:

May fabricate, install, alter, or repair B31.5 process piping.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Provide 2,000 hours of verified work experience performing pipe-welding or brazing on ASME B31.5 refrigeration piping AND 2,000 hours work experience on pressure piping

CLASS 6 WELDER – OAR 918-225-0691 (10)

Scope:

May weld on boilers, pressure vessels or pressure piping while employed by an approved welding employer. Work may be performed only under the supervision of a person licensed in CL4, CL5, CL5A, and CL5B. More than one welder may be supervised by one qualified person under this license.

Qualifications:

- Complete application
- Pay fee
- Provide a written statement from the employer that the applicant is currently qualified as a welder certified under American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessels Code Section IX part QW and is currently qualified to the employer's welding procedures
- Experience is not required



Boiler Experience Verification, Classes 3-5B

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VERIFIER / APPLICANT INFORMATION

Verifier name:	Applicant's name: _____
Address:	
Position/Title:	
Phone:	
Email:	

Verification of work experience is required to obtain an Oregon license. Please return the completed form to the applicant as soon as possible.

VERIFIED EXPERIENCE

Describe applicant's position and type of work performed. Provide any details that may help evaluate the applicant's experience. Additional sheets may be attached, if necessary.

I certify that I know the applicant and have direct knowledge that the applicant was employed as follows:

Employer:

Position/title:

Period of employment:

Duties, skills, functions:

List the number of hours the applicant performed work in the following categories:

Category of work			Total hours
<input type="checkbox"/>	Class 3	Installing and repairing boilers	
<input type="checkbox"/>	Class 4	Welding involving boilers and pressure vessels	
<input type="checkbox"/>		Nonwelding applications involving boilers and pressure vessels	
<input type="checkbox"/>	Class 5	Welding on ASME B31 pressure piping	
<input type="checkbox"/>		Work on pressure piping and boilers	
<input type="checkbox"/>	Class 5-A	Welding or brazing on ASME B31.3 process piping	
<input type="checkbox"/>		Work on pressure piping	
<input type="checkbox"/>	Class 5-B	Welding or brazing on ASME B31.5 refrigeration piping	
<input type="checkbox"/>		Work on pressure piping	

How was knowledge of the above facts acquired?

AFFIDAVIT

I hereby certify that the information included on this form is true and correct to the best of my knowledge.

Verifier's signature: _____

Print name: _____

Date: _____