



Boiler Experience Verification, Classes 3-5B

Department of Consumer and Business Services • Building Codes Division

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

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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

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: