



License/Certification Information Change/Duplicate Request

Department of Consumer and Business Services

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

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

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 | Electrical | Elevator | Boiler | Manuf. Dwelling | Structural |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 70611 | 70111 | 70211 | 70311 | 70411 | 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: |
| Email: | Email: |

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

Number of _____ 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 and Business Services. Do **not** send cash.

DCBS Fiscal use only: 12104/0600