



Recreational Vehicle Inspection and Insignia Request Application

Department of Consumer & Business Services
 Building Codes Division • Statewide Inspection Section
 1535 Edgewater St. NW, Salem, Oregon
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404
 Phone: 503-378-4133 • Fax: 503-378-4101
 Web: bcd.oregon.gov

Mail application with payment to:

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

APPLICANT/OWNER INFORMATION	
Applicant:	
Address:	
City/State/ZIP:	
Work phone: - -	Home phone: - -
Plant I.D. no.:	Fax: - -
Email:	
Directions to job site:	
VEHICLE INFORMATION	
Manufacturer:	
Serial no.:	
DOM:	Insignia no.:
Manufacturer:	
Serial no.:	
DOM:	Insignia no.:
Manufacturer:	
Serial no.:	
DOM:	Insignia no.:
Manufacturer:	
Serial no.:	
DOM:	Insignia no.:
Manufacturer:	
Serial no.:	
DOM:	Insignia no.:
Manufacturer:	
Serial no.:	
DOM:	Insignia no.:
Manufacturer:	
Serial no.:	
DOM:	Insignia no.:

BILLING INFORMATION	
Billing name:	
Address:	
City/State/ZIP:	
INSIGNIA REQUEST	
No. of recreational vehicle insignias..... X \$25 = \$	
No. of repair operation insignias*..... X \$1 = \$	
12% surcharge = \$	
*Must be purchased in blocks of five TOTAL FEES = \$	
RV: _____ to _____	
RO: _____ to _____	
Notes	
INSIGNIA AUTHORIZATION	
Owner, authorized agent, or licensee's signature	
Title _____ Date _____	
Application will not be processed without the signature of the owner, authorized agent, or licensee.	
INSPECTION REQUEST	
<input type="checkbox"/> Alteration inspection (repairs, remodels, and replacements)	
<input type="checkbox"/> Visual inspection (investigation, new construction, or certification)	
Recreation vehicle fee: \$30 X _____ inspections..... = \$	
12% alteration surcharge..... = \$	
Inspection fee includes insignia for RVs.	
TOTAL FEES \$	
DEPARTMENT USE ONLY	
Inspection fee includes insignia for RVs. FISCAL CODE	
A. RV inspection..... \$ _____ 70411/1764	
B. RV insignia..... \$ _____ 70411/1764	
C. Investigative fee \$ _____ 70411/1195	
D. 12% surcharge (.12 x [A+B+C]).... \$ _____ 70411/1291	
TOTAL = \$ _____	

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.

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

DCBS Fiscal use only:

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