



Plumbing License Application

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

Mail application with payment to:

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

STEP 1 APPLICANT INFORMATION (please print)			
Last		First	
Middle initial		Name:	
Address (street or P.O. Box):			
City:		State:	ZIP:
Phone: ()	Fax: ()	E-mail:	
Social Security number (Required, ORS 25.785): - -			
Your Social Security number is required for BCD licenses, certifications, and registrations according to ORS 25.785, ORS 305.385, 42 USC § 405 (c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide this information will be basis for application refusal. Your SSN may be shared with other authorities only for tax-administration purposes and child-support enforcement (including identification).			
STEP 2 TYPE OF APPLICATION (choose one)			
<input type="checkbox"/> Journeyman plumber (JP)	\$100	*Applicant must complete Pages 1 and 2, and the <i>residential water-heater installer employment verification</i> , Step 6. Application fees are nonrefundable.	
<input type="checkbox"/> Solar heating and cooling installer (STL).....	\$100		
<input type="checkbox"/> Water-treatment installer (WTI)	\$100		
<input type="checkbox"/> Residential water-heater installer* (WHI).....	\$100		
STEP 3 PREVIOUS LICENSES			
List all individual or contractor plumbing licenses you hold or have held in any state. Submit a copy of all out-of-state licenses with your application.			
List licenses: _____			
STEP 4 TEST LOCATION			
Please refer to the enclosed list or visit our Web site to choose a test location.			
Preferred testing location: _____			
DEPARTMENT USE ONLY			
<input type="checkbox"/> Approved	Signature: _____	Date: _____	
<input type="checkbox"/> Denied	Signature: _____	Date: _____	
Comments: _____			
Agreement date: _____	Apprenticeship no.: _____	Reciprocal state: _____	Fee paid: \$ _____

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

Make check or money order payable to Department of Consumer & 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 date	
Name of cardholder as shown on credit card			
_____ \$		_____	
Cardholder signature		Amount	

DCBS Fiscal use only: 12104/0600

STEP 5**EMPLOYMENT EXPERIENCE**

List your experience consecutively, beginning with your present or most recent position. Describe in detail your related duties and responsibilities, technical areas, type of buildings and occupancies, etc. If more space is needed to list experience, please attach additional pages.

Verification of work experience (when required) must accompany this application. Please use Form 440-2571A for each employer, or complete Step 6 if applying for a residential water-heater installer license.

Please print

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____	
Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____	
Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____	
Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: ()	Hours worked per week:
Position/title:	
Describe work performed: _____ _____	

Applicant's name: _____

STEP 6 RESIDENTIAL WATER-HEATER INSTALLER EMPLOYMENT VERIFICATION

For residential water-heater installer applicants only

Employer's name: _____

Phone: () _____

Address: _____

City: _____

State: _____

ZIP: _____

Plumbing business registration no.: _____

Electrical limited maintenance specialty contractor no.: _____

Employer's signature: _____ Date: _____

STEP 7 PHOTOGRAPH OF APPLICANT

Applicant must submit a 2" x 2" passport-style photo. Write your name on the back of your photo and submit it with your application. This photo will be printed on your license when it is issued. Please do not staple the photo.

STEP 8 APPLICANT AFFIDAVIT

1. I hereby certify that, to the best of my knowledge, the information on this application is complete and correct.
2. I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application.
3. I understand that, 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. OAR 918-001-0040
4. I certify that I have read these statements and understand the terms of my license.

Name (print): _____

Applicant signature: _____ Date: _____

STEP 9 CHECKLIST FOR APPLICANTS

- 1. Application form completed (Form 440-2571)
- 2. Affidavit signed and dated (Step 8 on application)
- 3. Verification of work experience (Form 440-2571A) from each employer or complete Step 6 for water-heater installer.
- 4. Additional documentation:
 - Proof of completion of an Oregon-approved apprenticeship or training program
 - Proof of completion of an out-of-state apprenticeship program recognized by the state of Oregon
 - Official transcripts of classroom training
- 5. Proof of a high school diploma, GED, or equivalent. A college degree will substitute.
- 6. Passport-style photo (2" x 2") with applicant's name on the back
- 7. Payment of fee

Applicant's name: _____

JOURNEYMAN PLUMBER LICENSING REQUIREMENTS

To qualify for the Oregon journeyman plumber licensing exam, an applicant must submit:

- A certificate of completion from a registered 4-year apprenticeship program, **or** a referral letter from either the registered training committee or Oregon Plumbing Board approved training program. OAR 918-030-0030(1)(a); 918-695-0030(1); **OR**
- Verified proof of at least 576 hours of academic classroom training in subjects listed in OAR 918-695-0030(2)(a); **AND**
- Verified proof of 3,850 hours lawful commercial **AND** 3,850 hours lawful residential on-the-job experience as an apprentice or journeyman plumber. Academic experience must meet the requirements of 918-695-0030(2)(b).

WATER-TREATMENT INSTALLER LICENSING REQUIREMENTS

To qualify for the water-treatment installer (WTI) licensing exam, an applicant must submit:

- A certificate of completion from a registered 18-month Oregon State Apprentice program **or** a referral letter from either the registered training committee or Oregon Plumbing Board approved training program. OAR 918-030-0030(1)(a); 918-695-0130(3)(a); **OR**
- Proof of 210 hours of lawful experience and training in all work categories listed in 918-695-0130(3)(b)(A); **AND**
- Proof of 3,000 hours of training in all of the subject areas listed in OAR 918-695-0130(3)(b)(B).

RESIDENTIAL WATER-HEATER INSTALLER LICENSING REQUIREMENTS

To qualify for the water-heater installer (WHI) licensing exam, an applicant must:

- Be an individual sole proprietor, partner in a partnership, or designated officer or employee of a corporation, with both an Electrical Limited Specialty (LMS) and a plumbing contractor license; **AND**
- Have the application signed by the plumbing-electrical contractor in step 6; **AND**
- Complete an approved 8-hour training class for WHIs.

SOLAR HEATING AND COOLING INSTALLER (STL) LICENSING REQUIREMENTS

To qualify for the solar heating and cooling installer (STL) licensing exam, an applicant must submit:

- Proof of completion of a division approved training program that includes 2,288 hours of classroom and on-the-job training listed in 918-695-0125(2)(b); **OR**
- Proof of 2,000 hours of lawful experience and training in the categories listed in 918-695-0125(2)(c).

ADDITIONAL INFORMATION

*** Verification of equivalent training and experience must come from one of the following:**

- **Current or previous employer actively involved in the applicant's work; or**
- **If employer is out-of-business, deceased or otherwise unlocatable, the applicant's supervisor; or**
- **If neither employer nor supervisor can be located, from a co-worker directly involved in work performed by the applicant. Co-worker verification must be accompanied by employment records or other supporting documentation that co-worker worked with applicant and has knowledge of the work performed.**

**** Applicants relying on military experience must submit:**

- **Official documentation from a supervising official showing type and approximate hours of work experience; or**
- **If supervisory officials cannot be located, other reliable documentation verifying training and experience. OAR 918-030-0050.**

***** For the purpose of qualifying for a license, the division will only consider 2,000 hours of lawful work experience per year. OAR 918-030-0030(4).**



Plumbing Experience Verification Form

Department of Consumer & Business Services

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

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

Phone: (503) 373-1268 • Fax: (503) 378-2322

Web: bcd.oregon.gov

VERIFIER / APPLICANT INFORMATION

To (verifier): _____

Address: _____

Position/title: _____

Phone: _____

For (applicant):

Verification of work experience is required to obtain a license in Oregon. 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 might help us evaluate the applicant's experience. Additional sheets may be attached.

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: _____

I certify that the information included in this form is true and correct.

Signature of verifier: _____ Date: _____

Continued next page

PLUMBING WORK PERFORMED

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

Category of plumbing work	Total hours residential	Total hours commercial
1. Sewage	_____	_____
2. Drainage, water, and vent pipe	_____	_____
3. Soldering, brazing, and welding	_____	_____
4. Water: supply, mains, services, and appurtenances	_____	_____
5. Fixtures, appliances, trim, and supports	_____	_____
6. Miscellaneous plumbing, piping, repair, and maintenance	_____	_____
7. Water-treatment equipment	_____	_____
8. Solar heating and cooling systems	_____	_____

JOB DUTIES

Please provide a comprehensive list of job duties. If more space is needed, attach additional sheets.

1. Sewage: sanitary and storm piping disposal

Residential _____
Commercial _____

2. Drainage, water, and vent piping (DWV)

Residential _____
Commercial _____

3. Soldering, brazing, and welding

Residential _____
Commercial _____

4. Water: supply, mains, services, and appurtenances

Residential _____
Commercial _____

5. Fixtures, appliances, trim, and supports

Residential _____
Commercial _____

6. Miscellaneous plumbing, piping, repair, and maintenance

Residential _____
Commercial _____

7. Water-treatment equipment

Backflow prevention _____
Cross connection prevention _____
Water treatment installation and maintenance _____

8. Solar heating and cooling systems

Backflow prevention _____
Panel installation and repair _____
Design and sizing _____