



# Inspector Certification Reapplication

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

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

Web: <http://www.oregon.gov/bcd> • Phone: 503-373-1268

Mail registration

with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

Do not allow retest before:

/ /

(BCD Licensing Use Only)

You may reapply at any time. Inspector certification applicants must wait 30 days after the failed test.

| STEP 1                           |        | APPLICANT INFORMATION (please print) |        |
|----------------------------------|--------|--------------------------------------|--------|
| Name:<br>(Last, First, Middle)   |        |                                      | Phone: |
| Address:<br>(street or P.O. Box) |        |                                      | Fax:   |
| City:                            | State: | ZIP:                                 |        |
| Email:                           |        |                                      |        |

| STEP 2   |       | TYPE OF APPLICATION (choose one)   |       |
|--|-------|--|-------|
| Reapplication fee is \$80 for each certification. <i>Reapplication fees are nonrefundable.</i>   |       |  |       |
| <input type="checkbox"/> Residential electrical inspector ( <b>CAE</b> )   | 70111 | <input type="checkbox"/> Residential plumbing inspector ( <b>CAP</b> )             | 70611 |
| <input type="checkbox"/> Specialized Electrical Inspector ( <b>SEI</b> )   | 70111 | <input type="checkbox"/> Specialized Plumbing Inspector ( <b>SPI</b> )             | 70611 |
| <input type="checkbox"/> Electrical specialty code inspector ( <b>EI</b> )   | 70111 | <input type="checkbox"/> Plumbing specialty code inspector ( <b>PI</b> )           | 70611 |
| <input type="checkbox"/> Residential structural inspector ( <b>CAS</b> )   | 70711 | <input type="checkbox"/> Limited plumbing inspector, building sewer ( <b>PIS</b> ) | 70611 |
| <input type="checkbox"/> Residential Plans Examiner ( <b>CAX</b> )   | 70711 | <input type="checkbox"/> Medical gas plumbing inspector ( <b>MGI</b> )             | 70611 |
|  |       | <input type="checkbox"/> Building official ( <b>BO</b> )                           | 70711 |
| <input type="checkbox"/> I have completed a residential cross training course or commercial practical examination and I am qualified to take the state certification exam. ( <b>Please attach certificate.</b> ) |       |  |       |
| <ul style="list-style-type: none"><li>I understand that if I fail the examination twice, I will be required to successfully complete the course again before further attempts will be offered.</li></ul>         |       |  |       |
| Course Number: _____   |       |  |       |

| STEP 3  |                                    | TEST LOCATION                       |                                   |
|---|------------------------------------|-------------------------------------|-----------------------------------|
| Upon approval of your application and fee payment, 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 |                                   |

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

Make check or money order payable to  
Department of Consumer & Business Services.  
DO **not** fax; do **not** send cash.

|  |                                     |                                   |                 |
|--|-------------------------------------|-----------------------------------|-----------------|
| <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 |

DCBS Fiscal use only: 12104/0600