



Application for Official Insignia of Approval for Prefabricated Structure

Department of Consumer and Business Services
Building Codes Division • State Inspection Services
 1535 Edgewater St. NW, Salem, Oregon
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404
 Phone: 503-378-3080 • Fax: 503-378-3656
 Web: bcd.oregon.gov

DEPARTMENT USE ONLY	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	
Approved by:	
<input type="checkbox"/> Gold <input type="checkbox"/> CST <input type="checkbox"/> Alteration	

Submit application and fees. Replacement requests must be accompanied by a letter of explanation and proof of original division approval. Use a separate form for each individual structure or group of modules or components making up one structure. Insignias expire 180 days from issuance; an extension may be granted upon written request.

APPLICANT INFORMATION	
Applicant:	Mfr. no.:
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
DESIGN CRITERIA	
Type of structure (see OAR 918, Division 674): <input type="checkbox"/> Permanent <input type="checkbox"/> Relocatable	
Applicable Oregon specialty codes (check all that apply): <input type="checkbox"/> Residential <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical	
OCC:	Seismic: Wind/exp.:
Floor LL:	Roof LL:
Energy zone:	Plumbing:
Construction type:	Electrical service load:
No. of modules:	Size of structure:
Use of structure:	
INSIGNIAS FOR WHICH APPLICANT HAS APPLIED	
<input type="checkbox"/> Idaho <input type="checkbox"/> Washington	NLEA required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Incomplete systems (submit a "Notification to Local Enforcement Agency" form with this application): <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Structural	
Agreement: Applicant agrees that Oregon insignias will be affixed to all structures built, converted, sold, shipped to, or installed in Oregon and certifies that the structural, plumbing, mechanical, electrical, and fire-safety equipment, connections, or installations of each structure bearing an Oregon insignia will be manufactured or installed in accordance with Oregon approved plans, statutes, and rules. Applicant consents to all necessary inspections and fees incurred incidental to the issuance of Oregon plan approvals or insignias of approval. Applications will not be processed without an authorized signature and fees paid.	
Authorized signature:	
Title or position:	
Date:	

Plan approval no.:				
INSIGNIA APPLICATION				
Manufacturer's use		Division use		
Serial no.	Fee	Division no.	Date	By
TOTAL FEE: \$		TOTAL INSIGNIA:		
STRUCTURAL DESIGN OPTION/INSIGNIA				
ALTERATION TO EXISTING STRUCTURE				
<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Structural				
Existing plan approval no.:				
Existing insignia no.:				
Existing unit SN/project no.:				
INSTALLATION LOCATION				
Owner/lessee:				
Address:			County:	
City/State/ZIP:				

Make check or money order payable to Department of Consumer and Business Services. Do not send cash.

If paying by credit card, applicant must sign credit card information box. **Secure fax for credit card payment: 503-947-2333**

<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: 70711/1191

