

## **Prefabricated Structure Component Insignia Monthly Report**

Department of Consumer and Business Services Building Codes Division • Statewide Services

1535 Edgewater St. NW, Salem, Oregon Mailing address: P.O. Box 14470, Salem, OR 97309-0404 Phone: 503-378-8096 • Web: www.oregon.gov/bcd

REPORT FOR						
Month:	Year:					
Page:	of					
This report must	be received by BCD by the tenth day					
of each month.						

Manufacturer:	none. 303-376-6090	o • web. ww	w.oregon.gov/ocd		N	Afr. no.:	
Address:					÷		
			Email:		Phone:		
			GENERAL INF				
report issued in All fields must Fee methodolog <b>Note: If floor i</b>	signias will not be contain informatio gy: Total net surfac s done by others,	allowed to pure allowed to pure area of comminus floor	complete this form and report our chase additional insignias.  Inpleted electronically, informat mponents = structure size 2x (  square feet from net surface omponents multiplied by \$0.03	ion must be legible. (LxW + LxH + WxH) in area.		d. Manufacture	rs failing to
Inciania	Serial	Mfa	Des	Destination		Total net surface	Square
	number	Mfg. date	Owner/lessee	Address/city	of Comp.	area sq. ft.	foot fee
I hereby certify	that each insignia	has been aff	ixed only to the component-but	ilt structure to which it is	Subtotal of sq	uare feet fees: \$	
assigned above and to which prior Oregon Building Codes Division approval has been consent to all necessary inspections and fees incurred incidental to the issuance of any Ore				nas been given. I herewith			
	cessary inspections	and fees incu				(70711/1291)	
Signature:	onically Lagrage that	this agraeme	Title on the may be electronically signed. I a	or position:	ture on this document	Total: \$	
			es of validity, enforceability, and ad		iure on inis aocumeni	Date:	
☐ Visa ☐ Mas	sterCard Discove	er Pl	none:	Make check or money of Department of Consum	1 0	vices. Do <i>not</i> sen	d cash.
Cardholder signature			Amount	If paying by credit card, applicant must sign credit card information box.  Secure fax for credit card payments 503-947-2333.			
Name of card	holder as shown on c	redit card	-				
			,	DCBS Fiscal use only:			
C	redit card number		Expiration date				

