Prefabricated Structure Component Insignia Monthly Report

Department of Consumer and Business Services
Building Codes Division • Statewide Services
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REPORT FOR	
Month:	Year:
Page:	of
This report must be received by BCD by the tenth day of each month.	

Manufacturer: _____ Mfr. no.: _____

Address: _____

City/state/ZIP: _____

Contact name: _____ Email: _____ Phone: _____

GENERAL INFORMATION

Manufacturers that issued bulk insignias must complete this form and report all insignias issued during the reporting period. Manufacturers failing to report issued insignias will not be allowed to purchase additional insignias.

All fields must contain information. If not completed electronically, information must be legible.

Fee methodology: Total net surface area of components = structure size 2x (LxW + LxH + WxH) in square feet.

Note: If floor is done by others, minus floor square feet from net surface area.

"Square foot fee" = Total net surface area of components multiplied by $0.03.

Insignia number	Serial number	Mfg. date	Destination		Number of Comp.	Total net surface area sq. ft.	Square foot fee
			Owner/lessee	Address/city			

I hereby certify that each insignia has been affixed only to the component-built structure to which it is assigned above and to which prior Oregon Building Codes Division approval has been given. I herewith consent to all necessary inspections and fees incurred incidental to the issuance of any Oregon insignia.

Subtotal of square feet fees: $ (70711/1191)	
Surcharge (subtotal above x 0.12): $ (70711/1291)	
Total: $	
Date:	

Signature: _____ Title or position: _____

By signing electronically, I agree that this agreement may be electronically signed. I agree that the electronic signature on this document is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

☐ Visa ☐ MasterCard ☐ Discover Phone: _____

Cardholder signature

$ _____
Amount

Name of cardholder as shown on credit card

Credit card number

/
Expiration date

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 payments 503-947-2333.

DCBS Fiscal use only:

BCD Building Codes Division
Department of Consumer and Business Services