



Class 5 Apprentice Boiler License Application

Department of Consumer and Business Services

Building Codes Division • Licensing

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: oregon.gov/bcd • Email: bcd.elevator@dcbs.oregon.gov

Mail application with
payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

APPLICANT INFORMATION (please print)

Name:

(Last, first, middle initial)

Address:

(Street or P.O. box)

City:

State:

ZIP:

Phone:

Email:

Social Security number (required, ORS 25.785):

PHOTOGRAPH OF APPLICANT

Applicant must submit a 2-inch by 2-inch 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.**

TYPE OF APPLICATION

Class-5 steamfitter (application fees are not refundable) \$82.50

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"/> Eugene | <input type="checkbox"/> Hermiston | <input type="checkbox"/> Klamath Falls |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Pendleton | <input type="checkbox"/> Portland | <input type="checkbox"/> Roseburg |
| <input type="checkbox"/> Salem | <input type="checkbox"/> White City | | |

Application must be completed and signed by applicant.

By my signature, I affirm the provided information is true and correct. I understand incorrect statements or omissions of material facts may result in denial of this application.

Signature:

Date:

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

If paying by credit card, applicant must sign credit card information box.

<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

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

DCBS Fiscal use only: 12104/0600