



Class-5 Apprentice Boiler License Application

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

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

503-373-1268 • Fax: 503-378-2322 • TTY: 503-373-1358

oregon.gov/bcd

Mail registration with
payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

APPLICANT INFORMATION (please print)

Last

First

Middle initial

Name:

Address (Street or P.O. Box):

City:

State:

ZIP:

Phone:

- -

Fax:

- -

Email:

Social Security number (Required, ORS 25.785):

- -

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"/> 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 | |

DEPARTMENT USE ONLY

- | | | |
|-------------------------------------|------------------|-------------|
| <input type="checkbox"/> Approved | Signature: _____ | Date: _____ |
| <input type="checkbox"/> Denied | Signature: _____ | Date: _____ |
| <input type="checkbox"/> Incomplete | Signature: _____ | Date: _____ |

Comments: _____

Total hours: _____

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 & Business Services. Do *not* send cash.

DCBS Fiscal use only: 12104/0600

