



Manufactured Home Permit, Inspection and Insignia Application

Department of Consumer and Business Services
 Building Codes Division • Statewide Services Section
 503-378-4133 - oregon.gov/bcd

For the Certification Tag Request and Manufacturer's Monthly Report
Mail or fax application with payment to:

DCBS – Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445
Secure fax: 503-947-2333

(All payment forms sent to the DCBS secure fax for your protection.)

APPLICANT / OWNER INFORMATION				
Applicant:				
Address:				
City/state/ZIP:				
Phone:				
Email:				
Installer name:				
Installer license no/type:				
CCB registration no:				
BILLING INFORMATION				
Applicant:				
Address:				
City/state/ZIP:				
MANUFACTURER'S MONTHLY REPORT FEES				
70411/1195	Floors: \$42.50 X		=	\$
70411/1195	Label handling: \$2* X		=	\$
70411/1001	Inst. licensing: \$4* X		=	\$
70411/1291	12% surcharge <i>on floor fee</i>		=	\$
*Per floor		Total fees:		\$
		Permit no.:		
Approved by:		Date:		

CREDIT CARD INFORMATION	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: - -
_____	\$
Cardholder signature (required)	Amount

Name of cardholder as shown on credit card	
_____	/
Credit card number	Expiration
_____	_____

CERTIFICATION TAG REQUEST			
70411/1195	\$8 X		Cert. tag = Total: \$
Tag numbers: <i>(BCD Staff Only)</i>			

For Alteration, Visual Inspection, and Technical Service Requests
 mail application *only* to above address without payment
DO NOT PAY an invoice will be mailed to you.

ALTERATION AND VISUAL INSPECTION			
70411/1195	\$125 X		inspections
70411/1195	\$50 X		insignia
70411/1291	12% surcharge		
TECHNICAL SERVICE REQUEST			
70411/1195	Fee: \$55 x		hour(s)
70411/1500	Mileage:	at \$	per mile
70411/1500	Meals: \$	\$	\$
70411/1500	Lodging: \$		
70411/1291	12% surcharge <i>on hourly fee</i>		

MANUFACTURED HOME INFORMATION	
Manufacturer:	
Serial no.:	DOM:

SPECIAL INSTRUCTIONS

DCBS fiscal use only: