



# Alternate Method Ruling Application

Department of Consumer & Business Services  
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DEPARTMENT USE ONLY	
Request no.:	
Date:	

## INSTRUCTIONS

This form may be used in place of a written memorandum and supporting documentation. You may attach supporting materials when you submit this application.

**Questions?** Please refer to OAR 918-008-0075, 918-008-0080, 918-008-0095, and our Web site for more information.

## PETITIONER INFORMATION

Name:		Date:
Business name:		
Address:		
City:	State:	ZIP:
Phone: (    )	Fax: (    )	E-mail:
Specialty code:	Edition (year):	
Applicable code section:		
Is the material, design, or method now in use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you filed a code appeal or taken other action? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: Appeal #:	Date filed:	

## QUESTION PRESENTED

Please explain your reasons for requesting an alternate method ruling. Note any scientific or technical information that supports your reasoning. Attach additional sheets as necessary.

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