Electrical Master Permit Registration Application

Department of Consumer and Business Services
Building Codes Division • Statewide Inspection Services
1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
503-378-8096
oregon.gov/bcd

CUSTOMER INFORMATION			
Company:		Phone:	
Owner:		Fax:	
Owner address:	City:	State:	ZIP:
Inspection address (if different):			
City:		State:	ZIP:

REGISTRATION FEE

☐ **$100 initial, one-time registration fee** (OAR 918-309-0100(10)(d)) ☐ Roster update (no fee required)

ROSTER

If applicant is an owner or operating manager, applicant shall file a roster with the inspecting jurisdiction of all electricians currently employed by applicant showing name, electrical license number, type of electrical license, and all electrical contractors whose work is included under a master permit taken out by the owner or operating manager. The roster must be filed at the same time as the permit application. OAR 918-309-0100(6)(b)

Name of contractor/electrician (print or type)	License no.	Expiration date

AGREEMENT

I agree to the terms and conditions of the Master Permit Program. I have verified that the contractors/electricians listed above are currently licensed to work in the state of Oregon.

Applicant signature: Date:

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

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

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

☐ Visa ☐ Mastercard ☐ Discover Phone:

Credit card number Expiration date

Name of cardholder as shown on credit card

Cardholder signature $ Amount

FEE TOTAL – APPLICANT USE		
(A) Enter $100.00 application fee		70111/1195
(B) Enter 12% surcharge (.12 x [A])		70111/1291
TOTAL fee and surcharge (A + B)		