



Structural, Mechanical, and Residential Code Change Course Approval Application

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater NW, Salem, Oregon

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

503-373-4133 • Fax: 503-378-2322

Web: bcd.oregon.gov

Date received by BCD: _____

INSTRUCTIONS

Three easy steps: 1. Print clearly. 2. Include all requested information. 3. Attach/enclose course materials.
An incomplete application will delay evaluation of your course.

Your contact information provided below will be published on the Building Codes Division Web site.

Company name: _____ Contact person: _____

Address (street or P.O. Box): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-mail: _____ Web address: _____

COURSE INFORMATION

Code change course name: _____

Course approval requested for: ☐ Structural ☐ Mechanical ☐ Residential structural ☐ Residential mechanical

Total course hours (min. two hours): _____

Has BCD approved this course previously? ☐ No ☐ Yes If yes, year of approval: _____

Course is offered (check all that apply):

☐ Live ☐ To the public ☐ Online ☐ By correspondence

Please include the following:

- Brief description of the course.
- Detailed course outline, including:
 - Course content and time spent on each content area.
 - Course objectives.
 - Learning outcomes.
- Name or names of instructors and qualifications (Form 440-3661).
- Course prerequisites, if any.
- List of all program materials.

Are there limitations on who may attend? ☐ No ☐ Yes (specify): _____

By my signature, I authorize the Oregon Building Codes Division to monitor and evaluate the code change course described in this application.

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Application complete? ☐ Yes ☐ No* Course information attached? ☐ Yes ☐ No
Course outline attached? ☐ Yes ☐ No Course has division-approved instructor? ☐ Yes ☐ No

* If application is not complete, return it to applicant for completion and resubmission.

☐ Approved from _____ to _____ Signature: _____ Date: _____
MM/DD/YYYY MM/DD/YYYY

☐ Denied Signature: _____ Date: _____

Comments: _____

