



# Inspector Training Program Registration

Department of Consumer and Business Services  
Building Codes Division • Training Program  
1535 Edgewater St. NW, Salem, Oregon  
Mailing address: P.O. Box 14470, Salem, OR 97309-0404  
Phone: 503-378-4133 • Web: oregon.gov/bcd

Mail application with  
payment to:

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

## INTRODUCTION

This form is used to register for the Inspector Training Program. To view course descriptions, applicable prerequisites, electronic registration options and more, please visit <https://www.oregon.gov/bcd/inspector-training>.

## STEP 1

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last, First, Middle)  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
(street or P.O. Box)  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_

## OREGON INSPECTOR CERTIFICATION (OIC) (REQUIRED)

Every person who performs building official duties, building code inspections, or plan reviews must possess an Oregon Inspector Certification (OIC) and a valid appropriate Oregon Code Certification that is active and in good standing for the work being performed.

☐ I have an active OIC number: \_\_\_\_\_ ☐ I need to register for an OIC class (staff will contact you)

## STEP 2

### INSPECTOR TRAINING OPTIONS

Choose one or more of the following trainings after completing electronic registration:

#### Residential

☐ Residential Electrical Inspector (CAE): \$750  
☐ Residential Plumbing Inspector (CAP): \$750  
☐ Residential Structural Inspector and  
Plans Examiner (CAS/CAX): \$750

#### Other

☐ Building Official Certification (BO): \$280  
**Prerequisite:** Appointed as BO or assistant BO  
in municipality  
☐ Medical Gas Inspector (MGI): \$375  
**Prerequisite:** Active commercial plumbing  
inspector (PI) (include below)

#### Specialized (Must complete step 4 on next page)

☐ Specialized Electrical Inspector (SEI): \$200  
☐ Specialized Plumbing Inspector (SPI): \$200

#### PI Certification

Number: \_\_\_\_\_

## STEP 3

### SIGNATURE OF APPLICANT AND FEE DUE

Signature: _____	Date: _____	Fee due: _____
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Continued on next page

Make check or money order payable to Department of  
Consumer and Business Services. If paying by credit card,  
applicant must sign credit card information box. Do not send cash.

Secure fax:

503-947-2333

Application and course fees are nonrefundable.

DCBS Fiscal use only: 70911/0407

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
Cardholder signature _____	\$ _____ Amount
Name of cardholder as shown on credit card _____	
Credit card number _____	/ _____ Expiration date



Department of Consumer  
and Business Services

440-4996 (03/22/COM)

<b>STEP 4</b>			<b>VERIFICATION OF WORK EXPERIENCE</b>			<i>(SEI AND SPI ONLY)</i>		
<p>Per <b>OAR 918-098-1570 and 1580</b>, individuals applying for a specialized course must have been employed as an inspector and performed inspections as a one- and two-family or residential electrical inspector for a minimum of one year before applying for and being accepted into the course. All applicants must submit verification of work experience, signed by the applicant and employers.</p> <p><i>More than one place of employment may be used for verification if necessary</i></p>								
<b>Certification Type:</b>			<b>Certification Number:</b>			<b>Issue Date:</b>		
<b>OIC:</b>								
<b>CAE:</b>								
<b>CAP:</b>								
<b>STEP 5</b>			<b>AFFIDAVIT AND SIGNATURE</b>					
<ol style="list-style-type: none"> <li>1. I hereby certify that, to the best of my knowledge, the information on this application is complete and correct.</li> <li>2. I understand that if I provide false information on this application or cheat on a certification examination, my application may be suspended, conditioned, revoked, or may be denied and I may not apply for any license/certification, or be allowed to take any division-related examination, for one year from the date of denial. ORS 455.129 and OAR 918-001-0040.</li> <li>3. I certify that I have read these statements and understand the terms of my certification.</li> </ol>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Applicant signature: _____</p> <p style="font-size: small; margin-top: 5px;"><i>By signing electronically, I agree that this agreement may be electronically signed. I agree my electronic signature on this certification is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.</i></p> <p>Applicant name (print): _____</p> </div> <div style="width: 35%;"> <p>Date: _____</p> </div> </div>								
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