

National Certification Conversion Application

Department of Consumer and Business Services Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon Phone: 503-373-1268 • Fax: 503-378-2322

Web: oregon.gov/bcd

Mail or fax application with payment to:

DCBS Fiscal Services P.O. Box 14610 Salem, OR 97309-0445

STEP 1	AP	PLICANT INFORMAT	ION (please	print)				
Name:	Last	First		Middle initial	Phone:			
Address:					Fax:			
City:			State:		ZIP:			
Social Securi (Required, Ol		Er	nail:					
STEP 2		TYPE OF APPL	ICATION					
	Check the applicable box below for each ICC or other nationally recognized certification you hold for which you want an equivalent Oregon Code Certification to perform work in Oregon.							
The fee is \$80 for each certification. All application fees are nonrefundable.								
	Building Inspector (SIA) Commercial Fire Plans Examiner (PEF) Residential Building Inspector* (CAS)							
Commercial B	uilding Plans Examiner (PEA	Commercial Mechan	nical Inspector (MI			examiner (CAX)		
	plain, including identifying the issuing oriate to convert it to. Attach additional	-	Certification	Med	ical Gas Plumb	oing Inspector (MGI)		
STEP 3	That to convert it to. That additional	EVIDENCE OF CER		s certification co	vers Residential	Mechanical Inspector.		
SILI 3		LVIDLINGE OF CEI	VIII ICATION					
You must attach acceptable evidence of your ICC certifications (or other recognized code certifications). Acceptable evidence must include name, license type, and expiration date.								
I have enclosed with this application acceptable evidence of the ICC or other recognized code certifications indicated above.								
STEP 4	OREGON INS	PECTOR CERTIFICA	TION (OIC) R	EQUIREME	NTS			
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 a	active OIC number:		I need to register for an OIC class (staff will contact you)					
By signing below, I hereby certify that all information I have provided on this form, including my qualifying training or experience, is true to the best of my knowledge. Applications received without signature will be returned.								
Printed name:		Si	Signature					
Secui	DIVISION USE ONLY							
	503-947-2333		Conversio	n Status:	Date:			
If paying by c	eredit card, applicant must s information box.	sign the credit card	☐ Approved	☐ Denied	Initials:			
☐ Visa ☐ MasterC	ard Discover Phone:		Make check or money order payable to Department of Consumer and Business Services.					
Cardhol	holder signature Samount Do not send cash. Do not e-mail.							
			The fee for each cer DCBS Fiscal 1			non-refundable.		
Name of cardholde	r as shown on credit card		2020110001	vary • 1111 1				
		/						
Credit	card number	Expiration date						

