National Certification Conversion Application

Mail or fax application with payment to:

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

E	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

STEP	1	APPLICANT INFORMATION (please print)						
Nai	Last		First	Middle in	itial Phone:			
Addre	ss:				Fax:			
С	ty:		S	State:	ZIP:			
	ecurity number: ed, ORS 25.785)		Email:					
STEP	2	TYPE O	F APPLICATIO	N				
equivale. The fee i	t Oregon Code Cert	ow for each ICC or other nati ification to perform work in (cation. All application fees a	Oregon.	certification yo	u hold for which	you want an		
Commer	eial Building Inspector	uilding Inspector (SIA) Commercial Fire Plans Examiner (PEF) Residential Building Inspector* (CAS)						
Commer	ial Building Plans Ex	Building Plans Examiner (PEA) Commercial Mechanical Inspector (MIA) Residential Plans Examiner (CAX)						
	Other (Please explain, including identifying the issuing organization and which Oregon Code Certification Medical Gas Plumbing Inspector (MGI)							
it would be	appropriate to convert it to. A	propriate to convert it to. Attach additional pages, if necessary):*This certification covers Residential Mechanical Inspector.						
STEP 3 EVIDENCE OF CERTIFICATION								
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 INSPECTOR CERTIFICATION (OIC) REQUIREMENTS								
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 hav	an active OIC num	ber:	I need t	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 e true to the best of my knowledge. Applications received without signature will be returned.								
Printed n	me:		Signature					

Secure fax for credit card payments: 503-947-2333 If paying by credit card, applicant must sign the credit card

information box.

☐ Visa ☐ MasterCard ☐ Discover Phone:

Amount

Expiration date

\$

Name of cardholder as shown on credit card

Cardholder signature

the of cardiolace as shown on creat care

Credit card number

DIVISION USE ONLY Conversion Status: Date: Approved Denied Initials:

Make check or money order payable to Department of Consumer and Business Services.

Do *not* send cash. Do *not* e-mail.

The fee for each certification is \$80. Application fees are non-refundable.

DCBS Fiscal use only: All 12104/0600

