



# Application for Certification – Building Official

Department of Consumer and Business Services  
**Building Codes Division**

1535 Edgewater St. NW, Salem, Oregon  
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404  
 Web: www.oregon.gov/bcd • Phone: 503-373-1268

**Mail registration with payment to:**

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

## APPLICANT INFORMATION *(Please print)*

Name: (Last, First, Middle)				Phone:	
Address: (street or P.O. box)					
City:		State:		ZIP:	
Email:		Social Security no: (Required, ORS 25.785)			

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

## STEP 2 TYPE OF APPLICATION *(Application fees are nonrefundable)*

The cost for each certification is \$80. **Please check the desired certification:**

- Building Official **(BO)** 70711  Building Official **(BO)** Reapplication 70711
- I understand that if I fail the examination twice, I will be required to successfully complete the course again before further attempts will be offered.

## STEP 3 TEST LOCATION

Upon approval of your application and fee payment, the Building Codes Division (BCD) will send you a letter authorizing you to sit for an examination.

**Choose one examination location from the list below. If following the practicum path, also provide the class number.**

- |                                  |                                     |                                    |  |
|----------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Bend    | <input type="checkbox"/> Eugene     | <input type="checkbox"/> Hermiston | <input type="checkbox"/> Klamath Falls |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Pendleton  | <input type="checkbox"/> Portland  | <input type="checkbox"/> Roseburg      |
| <input type="checkbox"/> Salem   | <input type="checkbox"/> White City |                                    |  |

## STEP 4 SIGNATURE OF APPLICANT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT USE ONLY

Exam Scores: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Secure fax for credit card payments:

**503-947-2333**

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

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

**Make check or money order in the amount of \$80 payable to Department of Consumer and Business Services.**

Do **not** send cash. Do **not** email.

**DCBS Fiscal use only: 12104/0600**