



Reciprocal Electrical and Plumbing License Application

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
Phone: 503-373-1268 • Fax: 503-378-2322
Web: oregon.gov/bcd

Mail application, required documents, and payment to:

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

LICENSING PROCESS

1. Read all the rules, qualifications, and reciprocal agreements before you submit the required documentation and pay the application fee. **Fees are nonrefundable.** You may access Building Codes Division reciprocal agreements at <http://oregon.gov/bcd/licensing>. If you have questions on the qualifications, call 503-373-1268 or email license.bcd@oregon.gov.
2. Be sure your application includes all required additional documents. An incomplete application will slow the application process.
3. Keep Page 1 of this application for reference.

RECIPROCAL STATES

Journeyman Plumber (JP)	General Journeyman Electrician (J)	General Supervising Electrician (S) (Masters)
Idaho Montana	Arkansas Idaho Maine Montana Utah Washington Wyoming	Arkansas Utah

QUALIFICATIONS — OAR-918-030-0045

You may reciprocate the above licenses if you have:

- (1) An equivalent or higher license from a reciprocal state that is current and active with no violations or conditions attached within the past three years; and
- (2) Qualified for the licensing exam in the reciprocal state through required work experience*; and
- (3) Passed the licensing exam in the reciprocal state with a score of 75 percent or better*; and
- (4) Worked a minimum of six months (1,000 hours) under the license from the reciprocal state; and
- (5) Not failed the Oregon licensing examination for the license type you are reciprocating within the past two years.

***Washington applicants:** You must have completed an apprenticeship program that is recognized by the State of Oregon, and passed the licensing exam for the State of Washington.

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APPLICANT INFORMATION (please print)

Last	First	Middle initial
Applicant's name:		
Address (street or P.O. Box):		
City:	State:	ZIP:
Phone: - -	Fax: - -	Email:
Social Security number (Required, ORS 25.785): - -		
Your Social Security number is required for BCD licenses, certifications, and registrations according to ORS 25.785, ORS 305.385, 42 USC § 405 (c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide this information will be a basis for application refusal. Your SSN may be shared with other authorities only for tax administration purposes and child support enforcement (including identification).		

TYPE OF RECIPROCAL LICENSE

Check one: <input type="checkbox"/> General journeyman electrician (70111) <input type="checkbox"/> General journeyman plumber (70611) <input type="checkbox"/> General supervising electrician (70111)	Application fee: \$100. Application fee is nonrefundable.
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REQUIRED DOCUMENTATION

Per OAR 918-030-0045, you must submit the following supporting documentation with this application:

- 1.) A two-inch by two-inch passport-style photo of yourself.
- 2.) A copy of your active license from the reciprocal state. You must include any violation history within the past three years.
- 3.) Completed license verification form (Page 3 of this application).
- 4.) The employment information below, which must include a minimum of six months (1,000 hours) work under the license from the reciprocal state.

Employment information for Step 4 (attach additional pages if needed):

Employer: _____ Employment period from: _____ to: _____

Address: _____ Position title: _____

Phone: - - Supervisor's name: _____

APPLICANT AFFIDAVIT

I herby certify that, to the best of my knowledge, the information on, and included with, this application is complete and correct. I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application. I understand that if I provide false information on my application, it will be denied and I may not apply for any license or be allowed to take any division-related examination for one year from the date of denial (OAR 918-001-0040). I certify that I have not applied for, or taken, the Oregon licensing exam for the license I am applying for with this application within the past two years. I certify that I have read these statements and understand the terms of this application.

Applicant's name (print): _____

Applicant's signature: _____ Date: _____

DEPARTMENT USE ONLY

Approved Denied Signature: _____ Date: _____

Secure fax for credit card payments: 503-947-2333
Must be signed by the cardholder.

Make check or money order payable to Department of Consumer & Business Services. Do *not* send cash.

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

DCBS Fiscal use only: 12104/0600



Reciprocal License Verification Form

Department of Consumer and Business Services
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Licensee: After you have filled out the top section of this verification form, provide the form to the licensing unit of the state you are reciprocating from to fill out the lower section. This verification form *must* accompany your application when submitted to the Oregon Building Codes Division.

This section to be completed by licensee.

From (verifying state): _____	Date: / / _____
PERSONAL INFORMATION (please print)	
Social Security number: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div>	
Applicant's name: _____	
Address (Street or P.O. Box): _____	
City: _____	State: _____ ZIP: _____
Home phone: _____ - _____	Work phone: _____ - _____

This section to be completed by licensing unit of the state you are reciprocating from.

LICENSE INFORMATION	
License type: _____	Issue date: / / _____
License number: _____	Expiration date: / / _____
METHOD OF LICENSURE	
<input type="checkbox"/> Examination Date of exam: / / _____ Score: _____ Qualified for exam by: <input type="checkbox"/> Apprenticeship completion <input type="checkbox"/> Work experience outside of apprenticeship <input type="checkbox"/> Other: _____ <input type="checkbox"/> Reciprocity/endorsement State: _____ <input type="checkbox"/> Other (please explain): _____ _____	
DISCIPLINARY ACTION OR PENDING DISCIPLINARY ACTION	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide certified copies of all petitions, orders, etc.	
VERIFIER'S INFORMATION	
Verifier's name: _____	<div style="display: flex; justify-content: space-between; width: 100%;"> First Middle initial Last </div>
Street address: _____	
City: _____	State: _____ ZIP: _____
Position title: _____	Phone: _____ - _____
Signature of verifier: _____	Date: / / _____