



Prefabricated Structure Component Insignia of Compliance Application

Department of Consumer and Business Services
Building Codes Division • Statewide Services
1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: 503-378-8096 • Web: www.oregon.gov/bcd

DEPARTMENT USE ONLY

Approved: Yes No

Date:

Approved by:

GENERAL INFORMATION

Registered manufactures of prefabricated component buildings or refrigeration panels must apply for an Oregon insignia of compliance if their buildings or panels are offered for sale or installed in Oregon. Submit this application with applicable fees. Fees may not be refundable.

- Submit a separate application for each project, or where projects are intended for a different installation location.
- Component insignias must be attached to the project before leaving the manufacturing facility.
- Component insignias may not be shipped loose or sent to dealers, distributors, or installers.
- Applications requesting replacement insignia must be accompanied by a letter of explanation and proof of original division approval.

MANUFACTURER INFORMATION

Manufacturer: **ABC MANUFACTURING** Mfr. no. **PFC998**
Address: **12345 MANUFACTURING STREET**
City/state/ZIP: **SMALL TOWN, OR 97558**
Contact: **JOHN JONES** Phone: **308-867-5309**
Email: **JOHN@ABCMFR.COM**

COMPONENT TYPE

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Warehouse liner panels | <input type="checkbox"/> Walk-in information: |
| <input type="checkbox"/> Stress skin | <input type="checkbox"/> Cooler |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Foam core | <input type="checkbox"/> Combination freezer/cooler |
| <input type="checkbox"/> Rated assemblies | |
| <input type="checkbox"/> Shearwalls | |
| <input type="checkbox"/> Other: | |

Note: When applying for bulk insignias do not calculate permit and surcharge fees. These fees will be calculated and paid on a monthly insignia report form.

INSTALL

Owner/lessee:
Address:
City/state: County:

Agreement: Applicant agrees that Oregon insignia of compliance will be affixed to any structure intended for installation, offered for sale, rent, or lease in Oregon and certifies that the structural, plumbing, mechanical, electrical, energy, and fire-safety equipment, connections, or installations of each structure intended to bear an Oregon insignia of compliance will be manufactured or installed in accordance with Oregon approved plans, statutes, rules, and other applicable requirements. Applicant consents to all necessary inspections and fees incurred incidental to the issuance of Oregon plan approvals or insignia of compliance. **Applications will not be processed without an authorized signature and fees paid.**

Authorized signature:

By signing electronically, I agree that this agreement may be electronically signed. I agree that the electronic signature on this document is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

Title or position:

Date:

INSIGNIA INFORMATION

Insignias are \$50.00 each. For bulk insignia orders place the quantity in the Mfr. serial number box and total insignia fee amount in the fee box.

Manufacturer use		Division use
Mfr. serial no.	Fee	Insignia no.
10 INSIGNIAS	500.00	
TOTAL INSIGNIA FEES: \$		500.00

PERMIT AND SURCHARGE FEES

Do not use this section when applying for bulk insignias.

Number of components: _____ Panel thickness: _____
Size of structure: L: _____ W: _____ H: _____
Total net surface area = 2x (LxW + LxH + WxH) _____ square feet
Note: If floor is done by others, minus floor square feet from net surface area.

		FISCAL USE
A. Permit fee: (total net surface area x \$0.03)	\$	70711/1191
B. Surcharge 12%: (permit fee x 0.12)	\$	70711/1291
C. Total insignia fees: (from above)	\$	
TOTAL FEES (A+B+C)	\$	

PAYMENT INFORMATION

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

If paying by credit card, applicant must sign credit card information box. Secure fax for credit card payments 503-947-2333.

<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

DCBS Fiscal use only: