

670 Hawthorne Avenue, SE Suite 220 Salem, Oregon 97301

tel. 503.362.2666 email: osbeels@osbeels.org Web: www.oregon.gov/osbeels

dieni, Oregon 77001	vveb. www.oregon.gov/osbees
Office Use Only - ID #	

Offic	ce Use	Only -
Date	Enter	ed/Paid:

**Wall Declaration Request** 

Office Use Only - Date Received:

For individuals who are enrolled as an Engineering Intern (EI) or Land Surveying Intern (LSI) and are requesting a Wall Declaration

pplicant Information irst name (personal name)	Middle name or initial	Last name (family name	Last name (family name)		
instrume (personal name)			-)		
Name as you want it to appear or	your declaration				
Birth date (Mo/Day/Yr)	Whore do you want corr	ospondonco mailad to?			
Dirur date (Mo/Day/11)		Where do you want correspondence mailed to?  ☐ Home address OR ☐ Business address			
Home address (include any apart	ment number)		Home/Personal phone #		
City	State or Province	Zip/Postal code	Home email address		
	otate of 110vince	Zip/i ostai code	110me eman address		
Business name		Business phone #	Business fax #		
		Business phone #	Business fax #		
	ite number)	Business phone #	Business fax #		
Business name Business address (include any sui	ite number) State or Province	Business phone #  Zip/Postal code	Business fax #  Business email address		
Business address (include any sui	State or Province	Zip/Postal code	Business email address		
Business address (include any sui	State or Province	Zip/Postal code			
Business address (include any sui	State or Province	Zip/Postal code	Business email address		
Business address (include any sui City  Address for public disclosure (A	State or Province s per Oregon Revised Statute (0	Zip/Postal code ORS) Chapter 192)	Business email address  □ Same as mailing address		
Business address (include any sui City  Address for public disclosure (A	State or Province s per Oregon Revised Statute (0	Zip/Postal code ORS) Chapter 192)	Business email address  □ Same as mailing address		