

STATE OF OREGON BOARD OF GEOLOGIST EXAMINERS

707 13th Street SE, Ste. 114, Salem, OR 97301

Phone: 503-566-2837

osbge.info@oregon.gov

APPLICATION FOR A TEMPORARY PERMIT

Date: _____

Note: Per ORS 672.545(3)(b), this form must be filed with the Board before commencing the project described below and, upon completion of the work, a statement of the time engaged in such work must be presented as notification that the project is complete.

Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Registration No: _____ State: _____ Expiration: _____

Period Temporary Permit is desired _____ (not to exceed 60 days)

Location of Project: _____

Description of Project: _____

Attach additional project information as needed. Fee amount available at:

http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_809/809_010.html

Date Received:

Temporary Number: