



**APPLICATION FOR  
LIQUEFIED PETROLEUM GAS FITTER  
AND/OR TRUCK EQUIPMENT OPERATOR LICENSES  
(NEW PERSONNEL ONLY)**

**Oregon State Fire Marshal  
Regulatory Services Division  
LPG Program**

**MAIL FEE AND FORMS TO:**

**Oregon State Fire Marshal  
Regulatory Services Division – LPG Program  
PO Box 4395 Unit 09  
Portland OR 97208-4395**

**QUESTIONS:**

**Email: [OSFM.LP@OSFM.Oregon.gov](mailto:OSFM.LP@OSFM.Oregon.gov)  
Phone: 971-372-0458 or 971-375-3558**

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Company Representative Name (Please Print):** \_\_\_\_\_

**Company Representative Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

INDIVIDUAL(S) WHO HAVE PASSED AN EXAM TO BE LICENSED	*SOCIAL SECURITY NUMBER	LICENSE TYPES
1.		<input type="checkbox"/> Only Master Fitter <input type="checkbox"/> Only Truck Equipment Operator <input type="checkbox"/> Master Fitter & Truck Equipment Operator <input type="checkbox"/> HVAC Fitter <input type="checkbox"/> IC Fitter
2.		<input type="checkbox"/> Only Master Fitter <input type="checkbox"/> Only Truck Equipment Operator <input type="checkbox"/> Master Fitter & Truck Equipment Operator <input type="checkbox"/> HVAC Fitter <input type="checkbox"/> IC Fitter

\*Your Social Security Number is required for OSFM licenses, certificates, and permits according to ORS 25.785 and 42 USC Section 666(a)(13). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certificate or permit you seek. This record of your SSN will be used for child support enforcement purposes only.

FEES	
_____ Fitter's Licenses @ \$60.00 each*	\$ _____ (0233)
_____ Truck Equipment Operator's Licenses @ \$60.00 each*	\$ _____ (0234)
<b>TOTAL:</b>	\$ _____

\*License valid for two years from date of issue

\_\_\_\_\_  
**SIGNATURE OF COMPANY REPRESENTATIVE  
AS LISTED ON LIQUEFIED PETROLEUM GAS COMPANY LICENSE**

\_\_\_\_\_  
**DATE**

Revised 02/13/2024