



**APPLICATION FOR  
CARDLOCK FACILITY LICENSE  
OREGON STATE FIRE MARSHAL**

(503) 378-3473  
Fax: (503) 373-1825

**OSFM USE ONLY**

Cardlock ID #:

Agreement: \_\_\_\_\_  
Safety: \_\_\_\_\_  
Cust. Count: \_\_\_\_\_  
Fac. Fees: \_\_\_\_\_  
Cust. Fees: \_\_\_\_\_  
Time Sep.: \_\_\_\_\_  
Approved: \_\_\_\_\_

**PLEASE MAIL CHECK/ APPLICATION TO:**

**Oregon State Fire Marshal  
License and Permits Branch  
P O Box 4395 Unit 09  
Portland, OR 97208-4395**

Business Name	Phone:
Owner or CEO (Name & Title)	
Business Address:	
Mailing Address:	FAX:
Contact Person:	E-Mail
Facility Name	
Facility Address:	

**THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION**

1. A completed application for each facility.
2. A blank copy of your customer written agreement.
3. The required license application fee for each facility.
4. Customer fees for each customer.
5. A copy of the safety training you provide to your customers.
6. For time separation, complete the Time Separation Addendum.

**THE INFORMATION BELOW MUST BE COMPLETED**

Individual applicants are required by federal and state law to provide their social security number (SSN) on applications for an initial or renewal license. This is mandatory. The authority for this requirement is ORS 25.785 and 42 USC 666(a)(13). Failure to provide your SSN will be a basis to refuse to issue or renew your license. Your SSN will remain on file at OSFM. The record of your SSN will be used for child support enforcement purposes only, unless you authorize other uses of the number.

☐ My SSN is \_\_\_\_\_

OR

☐ Other than an individual (i.e., corp. or partnership); therefore, no SSN is required.

**LICENSE TYPE:** ☐ Cardlock Only      Dual Operation by ☐ Distance  
☐ Conditional Use      Dual Operation by ☐ Time (Complete Time Separation Addendum Form)

**FEES: RECORD CUSTOMER FEES ONLY ON ONE APPLICATION FORM.**

Facility License Fee	(45023-0246)			\$	300.00
Customer Fees	(45023-0247)	_____	X	\$ 10.00 =	\$ + _____
		(Number of customers)			
				<b>TOTAL:</b>	\$ _____

**CERTIFICATION:** I certify per ORS 162.075 that the owner/operator of the facility covered by this application will comply with the applicable provisions of ORS 480.345, OAR Chapter 837 Division 20, and the Oregon Fire Code, and the information on this application is true and correct.

Owner/Operator:

Authorized Signature

Date