



**APPLICATION FOR
CARDLOCK FACILITY LICENSE**
OREGON STATE POLICE
OFFICE OF STATE FIRE MARSHAL
(503) 934-8285
TTD Line: (503) 390-4661
Fax: (503) 934-8288

OSFM USE ONLY	
Cardlock ID #:	_____
Agreement:	_____
Safety:	_____
Cust. Count:	_____
Fac. Fees:	_____
Cust. Fees:	_____
Time Sep.:	_____
Approved:	_____

PLEASE MAIL CHECK/ APPLICATION TO:
Office of 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

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| 1. A completed application for each facility. | 4. Customer fees for each customer. |
| 2. A blank copy of your customer written agreement. | 5. A copy of the safety training you provide to your customers. |
| 3. The required license application fee for each facility. | 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)			
				TOTAL:	\$ _____

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
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