



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

**OREGON STATE POLICE
OFFICE OF STATE FIRE MARSHAL**

MAIL FEE AND FORMS TO:

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

CONTACT INFORMATION:

**Phone: 503-934-8274 or 8272
Fax: 503-373-1825
Email: SFM.LP@state.or.us**

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"/> RV 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"/> RV 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)
TOTAL:	\$ _____

*License valid for two years from date of issue

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

DATE