



**APPLICATION FOR
LIQUEFIED PETROLEUM GAS LICENSE
ONLINE EXAMINATIONS**

**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**

- Applications:** Complete a separate application for each applicant and mail to the address above.
- Fees:** There is a \$55 application fee for the examination. Checks or money orders must be included with this application. This fee is not refundable or transferable.
- Exam Instructions:** After receipt of payment, an email containing detailed instructions will be sent to the address provided. **NOTE:** The address must be the applicant's own email address. The system will not allow multiple users for one email address.
- Examination Materials:** [OREGON ADMINISTRATIVE RULES \(OAR\)](#)
[OREGON REVISED STATUTES \(ORS\)](#)
[NATIONAL FIRE PROTECTION ASSOCIATION \(NFPA\) #54, #58 AND #1192](#)

THE EXAMINEE IS RESPONSIBLE FOR PROVIDING THEIR OWN BOOKS.

NFPA #54 - 2006 or 2012 edition
NFPA #58 - 2008 or 2011 edition
NFPA #1192 – 2011 edition – required for RV examination only
NFPA books may be purchased from: (OSFM does not endorse any source.)
National Fire Protection Association – 1-800-344-3555 or website: www.nfpa.org
Building Technical Bookstore/Portland – 1-800-275-2665
Powell's Technical Bookstore/Portland –503-228-3906 ext 4000 www.powells.com/technicalbooks

- Examination Types:**
- Company Representative** – Required for one individual from a company to engage in the business of propane work in the State of Oregon. Each individual company site must have its own company representative. (Requires OAR, ORS, and NFPA 58)
 - Master Fitter** – Required for all individuals who perform liquefied petroleum gas (LPG) fitting or venting work, install, repair or remodel any piping or venting. This license covers all areas of LPG work. (Requires OAR, ORS, NFPA 54, and NFPA 58)
 - HVAC Fitter** – Required for all individuals who perform LPG work on HVAC equipment, including hearth products. (Requires OAR, ORS, NFPA 54, and NFPA 58)
 - RV Fitter** – Required for all individuals who work on recreational vehicles. License not required for construction or warranty work for manufactured dwellings or recreational vehicles. (Requires OAR, ORS, NFPA 1192, and NFPA 58)
 - IC Fitter (Internal Combustion)** – Required for all individuals who work on internal combustion engines of forklifts and vehicles. (Requires OAR, ORS, and NFPA 58)
 - Truck Equipment Operator** – Required for all individuals who operate LPG delivery equipment installed on a motorized vehicle. (Requires OAR, ORS, NFPA 54, and NFPA 58)

(Please complete reverse side of this application)



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Company Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Site Address: _____ City: _____ State: _____ Zip: _____

Company Representative Name: _____
Print Signature

NOTE: By signing this application as the company representative, you are certifying the applicant below will be the person who will take the online examination.

Company Representative Email (print clearly) _____

| FEES | |
|--|-----------------|
| Examination Application Fee @ \$55.00 each application | \$ _____ (0237) |

CHECK THE BOXES FOR THE EXAMINATION(S) REQUESTED

- Please check this box also if the examination requested is a re-take.
- | | |
|--|---|
| <input type="checkbox"/> Company Representative | <input type="checkbox"/> Master Fitter |
| <input type="checkbox"/> Company Representative/Master Fitter | <input type="checkbox"/> HVAC Fitter |
| <input type="checkbox"/> Company Representative/HVAC Fitter | <input type="checkbox"/> RV Fitter |
| <input type="checkbox"/> Company Representative/RV Fitter | <input type="checkbox"/> IC Fitter |
| <input type="checkbox"/> Company Representative/IC Fitter | <input type="checkbox"/> Truck Equipment Operator |
| <input type="checkbox"/> Company Representative/Truck Equipment Operator | <input type="checkbox"/> Master Fitter/Truck Equipment Operator |
| <input type="checkbox"/> Company Representative/Master Fitter/Truck Equipment Operator | |

APPLICANT'S EMAIL ADDRESS PRINT CLEARLY

NOTE: The address **must** be the applicant's own email address. The system will not allow multiple users for one email address.

APPLICANT NAME PRINT CLEARLY

SIGNATURE

NOTE: By signing this application as the applicant, you are certifying you will be the person taking the requested online examination.