



Class-5 Apprentice Boiler License Application

Department of Consumer & Business Services
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
Phone: 503-373-1268 • Fax: 503-378-2322
Web: bcd.oregon.gov

Mail registration with payment to:

DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

APPLICANT INFORMATION (please print)				
Last		First		Middle initial
Name:				
Address (Street or P.O. Box):				
City:		State:		ZIP:
Phone: - -	Fax: - -		E-mail:	
Social Security number (Required, ORS 25.785): - -				
TYPE OF APPLICATION				
Class-5 steamfitter (Application fees are not refundable.):				\$82.50
TEST LOCATION				
Upon approval of your application and fee payment, BCD will send you a letter authorizing you to sit for an examination. Choose one examination location from the list below.				
<input type="checkbox"/> Bend	<input type="checkbox"/> Eugene	<input type="checkbox"/> Lincoln City	<input type="checkbox"/> Pendleton	<input type="checkbox"/> Roseburg
<input type="checkbox"/> Coquille	<input type="checkbox"/> Klamath Falls	<input type="checkbox"/> Ontario	<input type="checkbox"/> Portland	<input type="checkbox"/> Salem
DEPARTMENT USE ONLY				
<input type="checkbox"/> Approved	Signature: _____		Date: _____	
<input type="checkbox"/> Denied	Signature: _____		Date: _____	
<input type="checkbox"/> Incomplete	Signature: _____		Date: _____	
Comments: _____				
Total hours: _____				

Application must be completed and signed by applicant.

By my signature, I affirm the provided information is true and correct. I understand incorrect statements or omissions of material facts may result in denial of this application.

Signature: _____ Date: _____

**Secure fax for credit card payments:
503-947-2333**

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____ - _____ - _____
_____	_____ / _____
Credit card number	Expiration date
Name of cardholder as shown on credit card	
_____	\$ _____
Cardholder signature	Amount

Make check or money order payable to Department of Consumer & Business Services. Do *not* send cash.

DCBS Fiscal use only: 12104/0600