



Manufacturer Initial Registration/Change of Name, Ownership, or Address

Department of Consumer and Business Services
Building Codes Division • Statewide Inspections
1535 Edgewater NW, Salem, Oregon
Phone: 503-378-3080 • Fax: 503-378-3656 • Web: bcd.oregon.gov

Mail application with payment to:
DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

INSTRUCTIONS: Return completed application with the appropriate fees. Use appropriate fee schedule and complete information below.

NOTICE: Only manufacturers and authorized agents properly registered will be acknowledged by the Building Codes Division for requests, applications, checks, and other documents requiring signatures.

Note: Each prefabricated structure or building component manufacturer, manufactured home manufacturer, or factory assembled cabana manufacturer must be registered separately, even if it shares a business name with another business. Plan review applications and fees must be submitted and approved by the Building Codes Division prior to starting construction.

DEPARTMENT USE ONLY
Approved by:
Disapproved by:
Fee received:
Registration no.:
Expires:

PRE-FAB REGISTRATION AND FEES

Check applicable fee and registration type. **Fees are nonrefundable.**

- \$100 initial registration fee**
 Prefabricated bldg. component-70711/1001
 Factory assembled cabana-70411/1001
 \$20 change of name, ownership, or address
 Prefabricated structure-70711/1001
 Manufactured home-70411/1001

RECREATIONAL VEHICLE REGISTRATION AND FEES

- \$25 initial registration fee**
 Recreational vehicle manufacturer-70411/1001
 \$20 change of name, ownership, or address
 Recreational vehicle repair operation-70411/1001

Manufacturer/repair operation:

Address:		City:	State:	ZIP:
Phone:	- -	Fax:	- -	E-mail:

Location (if different than mailing address):

SIGNATURES OF REGISTERED MANUFACTURER OR AUTHORIZED AGENTS

The manufacturer/repair operation agrees by signing this application that all products repaired or offered or intended for sale, lease, rent, or installation in Oregon will be designed and constructed in compliance with all applicable Oregon statutes, rules, regulations, and codes and will bear an Oregon Insignia of Compliance.

Name (print or type)	Signature	Title	Date
1.		Chairman or CEO	
2.		President	
3.		General manager	
4.		Engineering manager	
5.		Q.C. manager	
6.		Production manager	
7.		Service manager	
8.			

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

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

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
Name of cardholder as shown on credit card	
Cardholder signature	\$ Amount

Fiscal use only: 12104/0600

