



Third Party Plan Review and Inspection Business Registration Application (SRB)

Department of Consumer and Business Services
Building Codes Division • 1535 Edgewater NW, Salem, Oregon
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404
 Phone: 503-373-1268 • Fax: 503-378-4101 • Web: bcd.oregon.gov

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

Application fee is \$50

STEP 1 APPLICANT INFORMATION (please print)			
Registered Business name (sole proprietorship, partnership, corporation, or LLC):		Oregon registry number:	
Business name (DBA/ABN):			
Type of entity: <input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation of the state of
<input type="checkbox"/> LLC			
Business mailing address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Name of contact person:		Position:	

STEP 2 PRINCIPALS, OFFICERS, DIRECTORS, MAJOR SHAREHOLDERS/OTHER RESPONSIBLE AGENTS	
Name	Title
_____	_____
_____	_____
_____	_____

STEP 3 MANAGERS AND SUPERVISORS OF PLANS REVIEWERS AND INSPECTORS	
Name	Title
_____	_____
_____	_____
_____	_____

DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved	Signature: _____ Date: _____
<input type="checkbox"/> Denied	Signature: _____ Date: _____
Comments: _____	

Secure fax for credit card payments:
503-974-2333

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

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

The registration application fee is \$50. 70711

<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

Fiscal use only: 12104/0600



STEP 4 PLANS REVIEWERS/PLANS EXAMINERS/INSPECTORS

List all plans reviewers, plans examiners, and inspectors whether they are employed or under contract.

Name	Certification or license number

STEP 5 MUNICIPALITIES/GEOGRAPHICAL AREA

Name of municipality	Scope of work	Geographical area

STEP 6 LIABILITY INSURANCE INFORMATION OAR 918-090-0110(2)(g)

Attach certificate of general liability insurance of at least \$1 million from insurance company.

Name of insurance company agent: _____

Phone number: _____

STEP 7 ERRORS AND OMISSIONS LIABILITY INSURANCE INFORMATION OAR 918-090-0110(2)(h)

Applying business carries own insurance
 Attach certificate of errors and omissions liability insurance with an aggregate limit of at least \$500,000 per occurrence and per \$500,000 policy year

Name of insurance company agent: _____

Phone number: _____

Applying business has errors and omissions insurance covered by the contracted municipality insurance.
 Attach documentation from all contracting municipalities insurance carriers stating the applying business is covered under the policy with an aggregate limit of at least at least \$500,000 per occurrence and per \$500,000 per policy year.

STEP 8 QUALITY CONTROL MANUAL OAR 918-090-0300

Attach a quality-control manual describing the following:

- Scope of work performed by the business.
- Organizational structure of the company, including the person responsible for technical management and quality control.
- A listing of business’s contact information, including address, phone, fax, and, if available, e-mail.
- Name and policy number of insurance carriers, or the verification from the municipality having jurisdiction.
- Procedure for approval of alternate materials, design, or methods of construction and modifications through the building official.
- Any documented policies and procedures describing business operations or application of the state building code and related regulations. This may be substituted by the policies and procedures used by the jurisdiction having authority.
- Registered businesses providing services as building official or inspection services as the jurisdiction having authority must also include:
 - Procedures for creating, maintaining, and notifying the division of changes to the Operating Plan, and
 - Documentation of accounting procedures for receiving permit and hourly inspection fees and submitting required state surcharge reports and revenues to the division.

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

Applicant’s name (print): _____

Applicant’s signature: _____

Date: _____