



Reciprocal Electrical and Plumbing License Application

Department of Consumer and Business Services
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: 503-373-1268 • Fax: 503-378-2322
Web: bcd.oregon.gov

Mail application, required documents, and payment to:

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

LICENSING PROCESS

1. Read all the rules, qualifications, and reciprocal agreements before you submit the required documentation and pay the application fee. **Fees are nonrefundable.** You may access Building Codes Division reciprocal agreements by visiting the BCD Web site at <http://bcd.oregon.gov/licensing.html>. If you have questions on the qualifications, call Building Codes Division at 503-373-1268.
2. Be sure your application includes all required additional documents. An incomplete application will slow the application process.
3. Keep Page 1 of this application for reference.

RECIPROCAL STATES

Journeyman Plumber (JP)	General Journeyman Electrician (J)	General Supervising Electrician (S) (Masters)
Idaho Montana	Arkansas Idaho Maine Montana Utah Wyoming	Arkansas Utah

QUALIFICATIONS — OAR-918-030-0045

You may reciprocate the above licenses if you have:

- (1) An equivalent or higher license from the reciprocal state that is current and active with no violations or conditions attached within the past three years; and
- (2) Qualified for the licensing exam in the reciprocal state through required work experience; and
- (3) Passed the licensing exam in the reciprocal state with a score of 75 percent or better; and
- (4) Worked a minimum of six months (1,000 hours) under the license from the reciprocal state; and
- (5) Not failed the Oregon licensing examination for the license type you are reciprocating within the past two years.

Continue to Page 2

Reciprocal Electrical and Plumbing License Application

APPLICANT INFORMATION (please print)		
Last	First	Middle initial
Applicant's name:		
Address (Street or P.O. Box):		
City:	State:	ZIP:
Phone: - -	Fax: - -	E-mail:
Social Security number (Required, ORS 25.785): - -		
Your Social Security number is required for BCD licenses, certifications, and registrations according to ORS 25.785, ORS 305.385, 42 USC § 405 (c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide this information will be a basis for application refusal. Your SSN may be shared with other authorities only for tax administration purposes and child support enforcement (including identification).		
TYPE OF RECIPROCAL LICENSE		
Check one:	<input type="checkbox"/> General journeyman electrician (70111)	Application fee: \$100. Application fee is nonrefundable.
<input type="checkbox"/> General journeyman plumber (70611)	<input type="checkbox"/> General supervising electrician (70111)	
REQUIRED DOCUMENTATION		
Per OAR 918-030-0045, you must submit the following supporting documentation with this application:		
<input type="checkbox"/>	1.) A two-inch by two-inch passport-style photo of yourself.	
<input type="checkbox"/>	2.) A copy of your active license from the reciprocal state. You must include any violation history within the past three years.	
<input type="checkbox"/>	3.) Completed license verification form (Page 3 of this application).	
<input type="checkbox"/>	4.) The employment information below, which must include a minimum of six months (1,000 hours) work under the license from the reciprocal state.	
Employment information for Step 4 (attach additional pages if needed):		
Employer: _____	Employment period from: _____ to: _____	
Address: _____	Position title: _____	
Phone: - -	Supervisor's name: _____	
APPLICANT AFFIDAVIT		
<i>I herby certify that, to the best of my knowledge, the information on, and included with, this application is complete and correct. I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application. I understand that if I provide false information on my application it will be denied and I may not apply for any license or be allowed to take any division-related examination for one year from the date of denial (OAR 918-001-0040). I certify that I have not applied for, or taken, the Oregon licensing exam for the license I am applying for with this application within the past two years. I certify that I have read these statements and understand the terms of this application.</i>		
Applicant's name (print): _____		
Applicant's signature: _____		Date: _____
DEPARTMENT USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ Date: _____		

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

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

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

<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

DCBS Fiscal use only: 12104/0600

