



# Inspector Certification Reapplication

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 application with payment to:

P.O. Box 14610  
Salem, OR 97309-0445

Do not allow retest before:

/ /

You may reapply at anytime. OIC applicants may retest without a waiting period. Other inspector certification applicants must wait 30 days after the last failed test.

STEP 1 APPLICANT INFORMATION (please print)		
Last	First	Middle initial
Name: _____		Phone: (____) _____
Address (street or P.O. Box): _____		Fax: (____) _____
City: _____	State: _____	ZIP: _____
E-mail: _____		

STEP 2 TYPE OF APPLICATION (CHOOSE ONE)			
Application fee is \$22 for each certification category. <i>Application fees are nonrefundable.</i>			
<input type="checkbox"/> Oregon inspector certification (OIC)	70711	<input type="checkbox"/> Plumbing inspector (building-sewer)	70611
<input type="checkbox"/> Electrical inspector	70111	<input type="checkbox"/> Manufactured home construction inspector	70411
<input type="checkbox"/> Electrical inspector (residential)	70111	<input type="checkbox"/> Manufactured home installation inspector	70411
<input type="checkbox"/> Plumbing inspector	70611	<input type="checkbox"/> Park and camp inspector	70411
<input type="checkbox"/> Plumbing inspector (residential)	70611	<input type="checkbox"/> Recreational vehicle inspector	70411

STEP 3 TEST LOCATION	
Please refer to the enclosed list or our Web site: <a href="http://www.cbs.state.or.us/external/bcd/licensing/examination_process.html#loc">http://www.cbs.state.or.us/external/bcd/licensing/examination_process.html#loc</a> to choose a test location.	
Preferred testing location: _____	

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. 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

The application fee for each certification is \$22.

DCBS Fiscal use only: 12104/0600