

Electrical Master Permit Registration Application

Department of Consumer & Business Services Building Codes Division • Statewide Inspection Services

1535 Edgewater St. NW, Salem, Oregon

Mailing address: P.O. Box 14470, Salem, OR 97309-0404 503-378-4133 • Fax: 503-378-2322 • TTY: 503-373-1358

oregon.gov/bcd

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

CUSTOMER II	NFORMATION				
Company:		Phone:			
Owner:		Fax:			
Owner address: City:		State:		ZIP:	
Inspection address (if different):				,	
City:		State:		ZIP:	
REGISTRA	TION FEE	<u>'</u>			
\$100 initial, one-time registration fee (OAR 918-309-0100(10)(d))		Roster update (no fee required)			
ROS	TER				
If applicant is an owner or operating manager, applicant shall file currently employed by applicant showing name, electrical license contractors whose work is included under a master permit taken at the same time as the permit application. OAR 918-309-0100(6)	e number, type out by the owne	of electrical licer	nse, and a	all electri	cal
Name of contractor/electrician (print or type)		License no.		Expiration date	
AGREE	MENT				
I agree to the terms and conditions of the Master Permit Program are currently licensed to work in the state of Oregon.	a. I have verified	that the contrac	ctors/elect	tricians li	isted above
Applicant signature: Da			Date:		
Secure fax for credit card payments: 503-947-2333 If paying by credit card, applicant must sign credit card information box.		or money order i Business Servic			
☐ Visa ☐ MasterCard ☐ Discover Phone: ()	FEE TOTAL – APPLICANT USE				
	(A) Enter \$100.00 application fee		ee		70111/1195
Credit card number Expiration	(B) Enter 12% surcharge (.12 x [A])			70111/1291	
	TOTAL fee	and surcharge (A	(+ B)		
Name of cardholder as shown on credit card					

Amount



Cardholder signature