



# Post-Earthquake Damage Inspector Registration

Check appropriate box:

- General inspector  
 Limited inspector

Department of Consumer & 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) 378-2322 • TTY: (503) 373-1358

Web: bcd.oregon.gov

## STEP 1 APPLICANT INFORMATION

Name:	Last	First	Middle initial	Phone: (    )
Address (street or P.O. box):				Fax: (    )
City:			State:	ZIP:
Social Security number (Required, ORS 25.785):	-	-	E-mail:	

## STEP 2 QUALIFICATION BY REGISTRATION OF CERTIFICATION

*See reverse side for registration requirements.*

As applicable: Affix architect or engineer stamp at right or attach a photocopy of current pocket card to this application.

(Stamp)

List current/active related certifications or registrations below. List primary certification/skills first:

Type	Number	Expiration date

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT USE ONLY

- Approved    Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Denied        Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Incomplete    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



