Alternate Method Ruling Application

Department of Consumer & Business Services
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DEPARTMENT USE ONLY
Request no.:
Date:

INSTRUCTIONS

This form may be used in place of a written memorandum and supporting documentation. You may attach supporting materials when you submit this application.

Questions? Please refer to OAR 918-008-0075, 918-008-0080, 918-008-0095, and our Web site for more information.

PETITIONER INFORMATION

Name:		Date:
Business name:		
Address:		
City:	State:	ZIP:
Phone: ( )	Fax: ( )	E-mail:
Specialty code:	Edition (year):	
Applicable code section:		
Is the material, design, or method now in use? ☐ Yes ☐ No		
Have you filed a code appeal or taken other action? ☐ Yes ☐ No		
If **yes**: Appeal #:	Date filed:	

QUESTION PRESENTED

Please explain your reasons for requesting an alternate method ruling. Note any scientific or technical information that supports your reasoning. Attach additional sheets as necessary.