



# Provisional Journeyman Electrical 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: oregon.gov/bcd

Mail application, required documents, and payment to:

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

Application fee: \$100.

Application fee is nonrefundable.

\*Continuing education is not required for this license type.

## APPLICANT INFORMATION (please print)

Last	First	Middle initial
Applicant's name:		
Address (street or P.O. Box):		
City	State:	ZIP:
Phone: - -	Fax: - -	Email:
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).		

## REQUIRED DOCUMENTATION

You must have taken state/province exam in one of the states/provinces listed below (please indicate which state/province) and submit the following supporting documentation with this application:

- 1.) A two-inch by two-inch passport-style photo of yourself.
- 2.) A copy of your active license from one of the following states (please indicate which state). Your state license must be in good standing with no violations.
  - Alabama    Alaska    Alberta, Canada    British Columbia, Canada    Colorado    Connecticut
  - Idaho    Kentucky    New Mexico    Oklahoma    South Dakota    Texas    Washington
- 3.) A copy of an approved apprenticeship completion certificate from a recognized apprenticeship program from the state/province in which you took your exam.
- 4.) Must submit a copy of completion certificate from an approved Oregon Rule and Law class. Classes can be found at [www.oregon.gov/bcd](http://www.oregon.gov/bcd).
- 5.) A completed Provisional License Verification Form (page 2).

## APPLICANT AFFIDAVIT

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 read these statements and understand the terms of this application.

Applicant's name (print): \_\_\_\_\_  
Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DEPARTMENT USE ONLY

Approved    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 and 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





# Provisional License Verification Form

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Phone: 503-373-1268 • Fax: 503-378-2322  
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**Licensee:** After you have filled out the top section of this verification form, provide the form to the licensing unit of the state you are coming from to fill out the lower section. This verification form *must* accompany your application when submitted to Oregon Building Codes.

## This section to be completed by licensee.

From (verifying state): _____	Date:    /    /	
<b>PERSONAL INFORMATION (please print)</b>		
Social Security number: _____	_____	
First	Middle	Last
Applicant's name: _____		
Address (Street or P.O. Box): _____		
City: _____	State: _____	ZIP: _____
Home phone: _____	Work phone: _____	

## This section to be completed by licensing unit of the state you are coming from.

<b>LICENSE INFORMATION</b>		
License type: _____	Issue date:    /    /	
License number: _____	Expiration date:    /    /	
<b>METHOD OF LICENSURE</b>		
<input type="checkbox"/> Examination	Date of exam:    /    /	Score: _____
Qualified for exam by:	<input type="checkbox"/> Apprenticeship completion	<input type="checkbox"/> Work experience outside of apprenticeship
	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Reciprocity/endorsement	State: _____	
<input type="checkbox"/> Other (please explain): _____		
<b>DISCIPLINARY ACTION OR PENDING DISCIPLINARY ACTION</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide certified copies of all petitions, orders, etc.
<b>VERIFIER'S INFORMATION</b>		
First	Middle initial	Last
Verifier's name: _____		
Street address: _____		
City: _____	State: _____	ZIP: _____
Position title: _____	Phone: _____	
Signature of verifier: _____	Date:    /    /	