



Reciprocal Electrical and Plumbing License 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

503-373-1268 • www.oregon.gov/bcd • license.bcd@dcbs.oregon.gov

Mail application and required payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

LICENSING PROCESS

This is the Reciprocal Electrical and Plumbing License Application form. **Fees are nonrefundable.** You may access Building Codes Division reciprocal agreements at <http://oregon.gov/bcd/licensing>. If you have questions about the qualifications, call 503-373-1268 or email license.bcd@dcbs.oregon.gov.

Licensing process:

1. Read all the rules, qualifications, and reciprocal agreements before you submit the required documentation and pay the application fee.
2. Be sure your application includes all required additional documents. An incomplete application will slow the application process.
3. Keep Page 1 of this application for reference.

RECIPROCAL STATES

Journeyman Plumber (JP)	General Journeyman Electrician (J)	General Supervising Electrician (S) (Masters)
Idaho Montana	Arkansas Idaho Maine Montana	Utah Washington Wyoming
		Arkansas Utah

QUALIFICATIONS — OAR-918-030-0045

You may reciprocate the above licenses if you have:

1. An equivalent or higher license from a reciprocal state that is current and active with no violations or conditions attached within the past three years; and
2. Qualified for the licensing exam in the reciprocal state through required work experience*; and
3. Passed the licensing exam in the reciprocal state with a score of 75 percent or better*; and
4. Worked a minimum of six months (1,000 hours) under the license from the reciprocal state; and
5. Not failed the Oregon licensing examination for the license type you are reciprocating within the past two years.

***Washington applicants:** You must have completed an apprenticeship program that is recognized by the State of Oregon and passed the licensing exam for the State of Washington.

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APPLICANT INFORMATION (please print)

Name (First, Middle, Last):

Address (Street or P.O. Box):

City:

State:

ZIP:

Email:

Social Security number:

Phone:

Your Social Security number is required licenses, certifications, and registrations per 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).

TYPE OF RECIPROCAL LICENSE

Check one:

General journeyman electrician (70111)

General journeyman plumber (70611)

General supervising electrician (70111)

FEE: \$100

Application fees are nonrefundable

REQUIRED DOCUMENTATION

Per OAR 918-030-0045, you must submit the following supporting documentation with this application:

- 1.) A 2-by-2-inch, passport-style photo of yourself.
- 2.) A copy of your active license from the reciprocal state, including any violations within the past three years.
- 3.) A Completed License Verification Form (see Page 3)
- 4.) A Completed Affidavit of Employment Experience (see Page 4)

Employment information for Step 4 (attach additional pages if needed):

Employer:

From:

To:

Address:

Position title:

Phone:

Supervisor's name:

APPLICANT AFFIDAVIT

I hereby certify that the information in this application is complete and correct to the best of my knowledge. I understand that if I provide false information my application will be denied and any license may be suspended, conditioned, or revoked, 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.

I have not applied for, or taken, the Oregon licensing exam for the license I am applying for with this application within the past two years. I have read these statements and understand the terms of this application.

Applicant's signature: _____

Applicant's name (print): _____

Date: _____

DEPARTMENT USE ONLY

Approved

Denied

Signature _____

Date: _____

Secure fax for credit card payments: 503-947-2333

Must be signed by the cardholder.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
Cardholder signature _____			\$ _____
Name of cardholder as shown on card _____			Amount _____
Credit card number _____			Expiration date _____

Make check or money order payable to Department of Consumer & Business Services. Do *not* send cash.

DCBS Fiscal use only: 12104/0600



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LICENSE VERIFICATION

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 reciprocating from to fill out the lower section. This verification form *must* accompany your application when submitted to the Oregon Building Codes Division.

This section to be completed by licensee

From (verifying state): _____

Date: _____

PERSONAL INFORMATION (please print)

Social Security number: _____

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 reciprocating from.

LICENSE INFORMATION

License type: _____

Issue date: _____

License number: _____

Expiration date: _____

METHOD OF LICENSURE

Examination

Date of exam: _____

Score: _____

Qualified for exam:

Apprenticeship completion

Work experience outside of apprenticeship

Other: _____

Reciprocity/endorsement

State: _____

Other (please explain): _____

DISCIPLINARY ACTION OR PENDING DISCIPLINARY ACTION

No

Yes

If yes, please provide certified copies of all petitions, orders, etc.

VERIFIER'S INFORMATION

Verifier's name: _____

Street address: _____

City: _____

State: _____

ZIP: _____

Position title: _____

Phone: _____

Signature of

verifier: _____

Date: _____



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AFFIDAVIT OF EMPLOYMENT EXPERIENCE

Under Oregon Administrative Rule 918-030-0045, a person may provide proof of substantially similar electrical or plumbing experience from a reciprocating state to obtain a license without completing the state license examination. This form is used to provide proof of employment experience for reciprocal license applications submitted to the division.

This form must be signed by an individual that can attest to the applicant's work experience

EMPLOYMENT INFORMATION

Applicant name:	_____	
Applicant license number:	_____	
Company name:	_____	Name of verifier: _____
Company address:	_____	Title of verifier: _____
Company phone:	_____	Verifier phone: _____
Company email:	_____	Verifier email: _____
Date of employment:	From: _____	To: _____
Number of hours worked in reciprocating state:	_____	

ACKNOWLEDGEMENT

I hereby acknowledge that the applicant mentioned above was employed by our company and has legally obtained the number of hours listed above. This information is true and correct to the best of my knowledge.

Verifier's signature: _____

Name (printed): _____ Date: _____