

Reciprocal 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 form is used to apply for a reciprocal plumbing license in the state of Oregon. **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:

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

RECIPROCAL STATES

Journeyman Plumber (JP)

Idaho

Montana

QUALIFICATIONS — OAR-918-030-0045

You may reciprocate the above licenses if you meet all of the following requirements:

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
2. Completion of an Oregon equivalent four-year plumbing apprenticeship program
3. Passed the licensing exam in the reciprocal state with a score of 75 percent or better
4. Worked a minimum of six months (1,000 hours) under the license from the reciprocal state
5. Not failed the Oregon licensing examination for the license type you are reciprocating within the past two years

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APPLICANT INFORMATION (please print)

Name (Last, first, middle):

Address (Street or P.O. Box):

City:

State:

ZIP:

Email:

Social Security number:

Phone:

Your Social Security number is required for 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 plumber (70611)

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 physical active license from the reciprocal state, including any violations within the past three years
- ☐ 3.) A completed License Verification Form (refer to Page 3) to be filled out by the reciprocating state licensing agency
- ☐ 4.) A completed Affidavit of Employment Experience with a minimum of 1,000 hours verified under the license in the reciprocal state (refer to Page 4)

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

Employer:

From:

To:

Address:

Position title:

Phone:

Supervisor's name:

DEPARTMENT USE ONLY

☐ Approved

☐ Denied

Signature:

Date:

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

Must be signed by the cardholder.

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

DCBS Fiscal use only: 12104/0600

☐ Visa ☐ MasterCard ☐ Discover	Phone:
	\$
Cardholder signature	Amount
Name of cardholder as shown on card	
Credit card number	Expiration date

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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 must 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: _____

This affidavit must be signed with pen in blue or black ink. Electronic signatures will not be accepted.

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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.

This affidavit must be signed with pen in blue or black ink. Electronic signatures will not be accepted.

Applicant's signature: _____

Applicant's name (*print*): _____

Date: _____

AFFIDAVIT OF EMPLOYMENT EXPERIENCE

Under Oregon Administrative Rule 918-030-0045, a person may provide proof of substantially similar 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: (MM/DD/YYYY) _____ To: (MM/DD/YYYY) _____

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: _____