

Boiler License Application, Classes 1-6

Department of Consumer and Business Services • Building Codes Division Mailing address: P.O. Box 14470, Salem, OR 97309-0404

1535 Edgewater St. NW, Salem, OR 97304 Phone: 503-373-1268 • Web: oregon.gov/bcd Mail or fax application with payment to: DCBS Fiscal Services P.O. Box 14610 Salem, OR 97309-0445 Secure fax: 503-947-2333

| | IMPORTANT : Read the application instructions before completing this form. Complete all steps before submitting your application and refer to the checklist below: | | | | | |
|--|---|--|--|--|--|--|
| | Applicant information is complete | | | | | |
| | All applicant's individual licenses held in Oregon are include | d | | | | |
| | Selected a testing location | | | | | |
| | Selected a license type and included all applicable fees | | | | | |
| | Employment history section completed | | | | | |
| | Passport-style photo (2-inch by 2-inch) with applicant's name | on the back attached | | | | |
| | Application signed and dated | | | | | |
| | Class 3-5B Only: Experience verification form (440-2488A) | for each employer attached | | | | |
| | Class 6 Only: Include a written statement from employer that section IX part QW, and is qualified to that employer's weldi | | | | | |
| STEF | | l (please print) | | | | |
| l (first, midd | Name: | Phone: | | | | |
| | dress: | Fax: | | | | |
| | City: State: | ZIP: | | | | |
| | Security number: Email: | | | | | |
| STE | P 2 PREVIOUS LICEN | ISES | | | | |
| | individual licenses that you currently hold or have held in the sta | ite of Oregon. | | | | |
| STE | P 3 TEST LOCATION | DN . | | | | |
| Upon approval of your application and fee payment, Building Codes Division (BCD) will send you a letter authorizing you to sit for an examination. Choose one examination location from the list below. Bend Hermiston Ontario Roseburg Klamath Falls Pendleton Salem Eugene Lincoln City Portland White City | | | | | | |
| STEP 3 TYPE OF APPLICATION (choose one) | | | | | | |
| | ☐ Class 1 \$82.50 ☐ Class 4 ☐ Class 2 \$82.50 ☐ Class 5 ☐ Class 3 \$82.50 ☐ Class 5-A | \$82.50 | | | | |
| | | 70311/1001 | | | | |
| Secure fax for credit card payments: 503-947-2333 Make check or money order payable to Department of Consumer and Business Services | | | | | | |
| | r credit card, applicant must sign credit card information box. | Do <i>not</i> send cash E ONLY: 12104/0600 | | | | |
| | \$ | E ONL 1; 12104/0000 | | | | |
| Cardholder signature Amount | | | | | | |
| Name of car | rdholder as shown on credit card | | | | | |

Credit card number

Expiration date

STEP 5

EMPLOYMENT HISTORY

List your experience consecutively, beginning with your current or most recent position. Describe your duties and responsibilities in detail. If more space is required to list experience, attach additional sheets.

Verification of work experience must accompany this application for classes 3-5B. See attached instructions.

| 5 | | | | | |
|-----------------------|------|----------------------|---------|-----|--|
| Employer's name: | | | | | |
| Address: | | | | | |
| Phone: | | Period of | employm | ent | |
| Supervisor's name: | | From: | | To: | |
| Position title: | | Hours per | r week: | | |
| Describe work perforn | ned: | | | | |
| | | | | | |
| Employer's name: | | | | | |
| Address: | | | | | |
| Phone: | | Period of employment | | | |
| Supervisor's name: | | From: | | To: | |
| Position title: | | Hours per | r week: | | |
| Describe Work Perform | med: | | | | |
| | | | | | |
| Employer's name: | | | | | |
| Address: | | | | | |
| Phone: | | Period of employment | | | |
| Supervisor's name: | | From: | | To: | |
| Position title: | | Hours per | r week: | | |
| Describe work perforn | ned: | | | | |
| | | | | | |
| Employer's name: | | | | | |
| Address: | | | | | |
| Phone: | | Period of | employm | ent | |
| Supervisor's name: | | From: | | To: | |
| Position title: | | Hours per | r week: | | |
| Describe work perform | ned: | | | | |
| | | | | | |
| Employer's name: | | | | | |
| Address: | | | | | |
| Phone: | | Period of | employm | ent | |
| Supervisor's name: | | From: | | To: | |
| Position title: | | Hours per | r week: | | |
| Describe work perform | ned: | | | | |
| | | | | | |

STEP 6 VERIFICATION OF WORK EXPERIENCE (CLASS 3-5B ONLY)

To provide proof of your work experience, submit a Boiler Experience Verification form (440-2488A) from each of your employers.

OR

Applicants relying on military experience must submit the following:

- Official documentation from supervising official showing the type and approximate hours of work experience
- Other reliable documentation verifying training and experience if supervisor cannot be located

STEP 7

PHOTOGRAPH OF APPLICANT

Applicants must submit a 2-inch by 2-inch passport-style photo. Applicant name must be written on the back of the photo and included with your application. This photo will be printed on your license when it is issued. **Please do not staple the photo.**

APPLICANT AFFIDAVIT

I hereby certify that the information provided on this application is complete and correct to the best of my knowledge. I possess a high school diploma, GED, or equivalent. I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application under ORS 455.125, and if I provide false information on this application or cheat on a licensing examination, my application 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 under OAR 918-001-0040.

| related examination for one year from the date of denial under OAR 918 | |
|--|-------|
| Applicant's Signature: | |
| Print Name: | Date: |

| DEPARTMENT USE ONLY | | | | |
|---------------------|------------|-------|--|--|
| ☐ Approved ☐ Denied | Signature: | Date: | | |
| Comments: | | | | |
| | | | | |

Qualifications and Scope of work

CLASS 1

TRAINEE/HELPER - OAR 918-225-0691(3)

Scope:

May install, alter, or repair boilers, pressure vessels, or pressure piping by any nonwelded method of attachment. This work can be done only under the direct supervision of an appropriately qualified license holder. The direct supervision must be a ratio of one qualified license holder to one trainee. No code welding can be done under this license.

Qualifications:

- Complete application
- Pay fee
- Experience is not required

CLASS 2

PRESSURE-VESSEL INSTALLER - OAR 918-225-0691(4)

Scope:

May install or repair unfired pressure vessels by any nonwelded method of attachment.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Experience is not required

CLASS 3

BUILDING-SERVICE MECHANIC - OAR 918-225-0691 (5)

Scope:

May install or repair boilers (including boiler and nonboiler external piping) and unfired pressure vessels by a nonwelded method of attachment.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Provide 2,000 hours of verified work experience installing and repairing boilers

CLASS 4

BOILERMAKER - OAR 918-225-0691 (6)

Scope:

May install, alter, or repair boilers and pressure vessels (excluding nonboiler external piping) by welding or other methods of attachment.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Provide 2,000 hours of verified work experience welding AND 2,000 hours work experience doing non-welding applications involving boiler or pressure vessels

CLASS 5

PRESSURE-PIPING MECHANIC - OAR 918-225-0691 (7)

Scope:

May fabricate, install, alter, and repair pressure piping; install boilers and pressure vessels by attachment of piping connections; and install, assemble, and repair cast iron sectional boilers.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Provide 2,000 hours of verified work experience performing pipe-welding on ASME B31 pressure piping AND 2,000 hours work experience doing nonwelding applications involving boiler or pressure vessels

CLASS 5A

PROCESS-PIPING MECHANIC - OAR 918-226-0691 (8)

Scope:

May fabricate, install, alter, or repair B31.3 process piping.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Provide 2,000 hours of verified work experience performing pipe-welding or brazing on ASME B31.3 pressure piping AND 2,000 hours work experience on pressure piping

CLASS 5B

REFRIGERATION-PIPING MECHANIC - OAR 918-225-0691 (9)

Scope:

May fabricate, install, alter, or repair B31.5 process piping.

Qualifications:

- Complete application
- Pay fee
- Pass an examination
- Provide 2,000 hours of verified work experience performing pipe-welding or brazing on ASME B31.5 refrigeration piping AND 2,000 hours work experience on pressure piping

CLASS 6

WELDER - OAR 918-225-0691 (10)

Scope:

May weld on boilers, pressure vessels or pressure piping while employed by an approved welding employer. Work may be performed only under the supervision of a person licensed in CL4, CL5, CL5A, and CL5B. More than one welder may be supervised by one qualified person under this license.

Qualifications:

- Complete application
- Pay fee
- Provide a written statement from the employer that the applicant is currently qualified as a welder certified under American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessels Code Section IX part QW and is currently qualified to the employer's welding procedures
- Experience is not required



Boiler Experience Verification, Classes 3-5B

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| Г | 1011e. 303-37. | 3-1208 • Web. oregon.gov/bcd | | 503-947-2333 |
|---|-----------------|---|---|---------------------|
| | | VERIFIER / APPLICA | ANT INFORMATION | |
| Verifier name: | | | | |
| Address: | | | | |
| | | | Applicant's name: | |
| Position/Title: | | | | |
| Phone: | | | | |
| Email: | | | | |
| Verification of work possible. | experience is | required to obtain an Oregon lice | ense. Please return the completed form to the a | pplicant as soon as |
| | | VERIFIED E | | |
| Describe applicant's Additional sheets ma | | | any details that may help evaluate the applicar | nt's experience. |
| I certify that I know t | he applicant a | and have direct knowledge that th | e applicant was employed as follows: | |
| Employer: | | | | |
| Position/title: | | | Period of employment: | |
| Duties, skills, function | ons: | | L | |
| | | | | |
| | | | | |
| List the number of ho | ours the applic | cant performed work in the follow | ving categories: | |
| | | Category of work | | Total hours |
| | Class 3 | Installing and repairing boilers | | |
| | Class 4 | Welding involving boilers and | pressure vessels | |
| | | Nonwelding applications invol | ving boilers and pressure vessels | |
| | Class 5 | Welding on ASME B31 pressu | are piping | |
| | | Work on pressure piping and b | Work on pressure piping and boilers | |
| | Class 5-A | Welding or brazing on ASME | Welding or brazing on ASME B31.3 process piping | |
| | | Work on pressure piping | | |
| | Class 5-B | Welding or brazing on ASME B31.5 refrigeration piping | | |
| | | Work on pressure piping | | |
| How was knowledge | of the above | facts acquired? | | |
| | | | | |
| | | | | |
| | | AFFI | | |
| I hereby certify that t | he information | n included on this form is true an | d correct to the best of my knowledge. | |
| Applicant's signatu | ıre: | | | |
| Print name: | | Date: | | |