



Reciprocal License Verification Form

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

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: _____		
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 reciprocating from.

LICENSE INFORMATION		
License type: _____	Issue date: / / _____	
License number: _____	Expiration date: / / _____	
METHOD OF LICENSURE		
<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): _____		

DISCIPLINARY ACTION OR PENDING DISCIPLINARY ACTION		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide certified copies of all petitions, orders, etc.
VERIFIER'S INFORMATION		
First	Middle initial	Last
Verifier's name: _____		
Street address: _____		
City: _____	State: _____	ZIP: _____
Position title: _____	Phone: - - _____	
Signature of verifier: _____	Date: / / _____	