



# Boiler License Application, Classes 1-6

Department of Consumer & Business Services  
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon  
Phone: 503-373-1268 • Fax: 503-378-2322  
Web: bcd.oregon.gov

Mail application with payment to:

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

**Important: Read the application instructions before completing this form. Please complete all steps before submitting your application and refer to the checklist at the end of this form.**

STEP 1 APPLICANT INFORMATION (please print)		
Last	First	Middle initial
Name:		
Address (street or P.O. Box):		
City:	State:	ZIP:
Phone: - -	Fax: - -	E-mail:
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 basis for application refusal. Your SSN may be shared with other authorities only for tax-administration purposes and child-support enforcement (including identification).		
STEP 2 PREVIOUS LICENSES		
List all individual licenses that you hold or have held in Oregon. List license(s): _____		
STEP 3 TEST LOCATION		
Please refer to the enclosed list or our Web site ( <a href="http://www.cbs.state.or.us/external/bcd/licensing.html#loc">http://www.cbs.state.or.us/external/bcd/licensing.html#loc</a> ) to choose a test location. Preferred testing location: _____		
STEP 4 TYPE OF APPLICATION (choose one)		
<input type="checkbox"/> Class 1 ..... \$ 82.50	<input type="checkbox"/> Class 5 ..... \$ 82.50	
<input type="checkbox"/> Class 2 ..... \$ 82.50	<input type="checkbox"/> Class 5-A ..... \$ 82.50	
<input type="checkbox"/> Class 3 ..... \$ 82.50	<input type="checkbox"/> Class 5-B ..... \$ 82.50	
<input type="checkbox"/> Class 4 ..... \$ 82.50	<input type="checkbox"/> Class 6 ..... \$ 82.50	
70311/1001		

**Secure fax for credit card payments:  
(503) 947-2333**

If paying by credit card, applicant must sign credit card information box.

**Application fees are nonrefundable.**

Make check or money order payable to Department of Consumer & 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**



**STEP 5****EMPLOYMENT HISTORY**

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

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

Employer's name: _____	Period of employment:
Address: _____	From: _____ To: _____
_____	Hours worked per week: _____
Phone: _____ - _____ - _____	Position/title: _____
Supervisor's name: _____	
Describe work performed: _____	
_____	

Employer's name: _____	Period of employment:
Address: _____	From: _____ To: _____
_____	Hours worked per week: _____
Phone: _____ - _____ - _____	Position/title: _____
Supervisor's name: _____	
Describe work performed: _____	
_____	

Employer's name: _____	Period of employment:
Address: _____	From: _____ To: _____
_____	Hours worked per week: _____
Phone: _____ - _____ - _____	Position/title: _____
Supervisor's name: _____	
Describe work performed: _____	
_____	

Employer's name: _____	Period of employment:
Address: _____	From: _____ To: _____
_____	Hours worked per week: _____
Phone: _____ - _____ - _____	Position/title: _____
Supervisor's name: _____	
Describe work performed: _____	
_____	

**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” x 2” passport-style photo. Write your name on the back of your photo and submit it with your application. This photo will be printed on your license when it is issued. Please do not staple the photo.

**STEP 8 CHECKLIST FOR APPLICANTS**

- 1. Application information complete.
- 2. List of applicant’s individual licenses held in Oregon.
- 3. Select a testing location. To see a list online, please visit [bcd.oregon.gov](http://bcd.oregon.gov) for a list of proctor sites.
- 4. License type selected and payment included.
- 5. Employment history completed.
- 6. Work experience (Form 440-2488A) from each employer (Class 3-5B only) verified.
- 7. Passport-style photo (2”x2”) with applicant’s name on the back.
- 8. Application signed and dated.

\*Class 6 applicants must include a written statement from employer that the applicant is qualified as a welder under ASME section IX part QW, and is qualified to that employer’s welding procedures.

**STEP 9 APPLICANT AFFIDAVIT**

I hereby certify that to the best of my knowledge the information on this application is complete and correct. I certify that I have 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. I certify that I have read these statements and understand the terms of my license.

Name (print): \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT USE ONLY**

Approved      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 non-welded 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 non-welded 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 non-boiler external piping) and unfired pressure vessels by a non-welded 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 non-boiler 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 or brazing on ASME B31 pressure piping and 2,000 hours of experience performing work on pressure piping and boilers

**CLASS 5A — PROCESS-PIPING MECHANIC — OAR 918-225-0691 (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 process piping and 2,000 hours of work experience on pressure piping

**CLASS 5B — REFRIGERATION-PIPING MECHANIC — OAR 918-225-0691 (9)**

**Scope:**

May fabricate, install, alter, or repair B31.5 refrigeration 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 of work experience on pressure piping

**CLASS 6 — WELDER — 918-225-0691 (10)**

**Scope:**

May weld on boilers, pressure vessels or pressure piping while employed by an approved welding employer. Work may only be performed 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.



# Boiler Experience Verification, Classes 3-5B

Department of Consumer & Business Services  
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon  
Phone: 503-373-1268 • Fax: 503-378-2322  
Web: bcd.oregon.gov

Mail verification to:  
Building Codes Division  
P.O. Box 14470  
Salem, OR 97309-0404

## VERIFIER / APPLICANT INFORMATION

To (verifier): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Position/title: \_\_\_\_\_  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_

Applicant's name: \_\_\_\_\_  
\_\_\_\_\_

Verification of work experience is required to obtain a license in Oregon. Please return the completed form to the applicant as soon as possible.

## VERIFIED EXPERIENCE

Describe applicant's position and type of work performed. Provide any details that might help us evaluate the applicant's experience. Additional sheets may be attached.

I certify that I know the applicant and have direct knowledge that the applicant was employed as follows:

Employer: \_\_\_\_\_

Position/title: \_\_\_\_\_ Period of employment: \_\_\_\_\_

Duties, skills, functions: \_\_\_\_\_  
\_\_\_\_\_

List the number of hours the applicant performed in the following categories:

	<u>Category of work</u>	<u>Total hours</u>
<input type="checkbox"/>	Class 3: Installing and repairing boilers	_____
<input type="checkbox"/>	Class 4: Welding involving boilers and pressure vessels	_____
	Nonwelding applications involving boilers and pressure vessels	_____
<input type="checkbox"/>	Class 5: Welding or brazing on pressure piping	_____
	Work on pressure piping and boilers	_____
<input type="checkbox"/>	Class 5-A: Welding or brazing on process piping	_____
	Work on pressure piping	_____
<input type="checkbox"/>	Class 5-B: Welding or brazing on refrigeration piping	_____
	Work on pressure piping	_____

How was knowledge of the above facts acquired? \_\_\_\_\_  
\_\_\_\_\_

*I certify that the information included in this form is true and correct.*

Signature of verifier: \_\_\_\_\_ Date: \_\_\_\_\_