



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: _____