**City of Portland, Oregon - Bureau of Development Services**

1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • [www.portlandoregon.gov/bds](http://www.portlandoregon.gov/bds)

**Electrical Master Permit Program Facility Registration/Update Page 1**

**Date Submitted Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. You **MUST** submit an informational update every year to maintain your Electrical Master Permit.

|  |  |  |
| --- | --- | --- |
|  **Facility Name & Address:**  |  Name:  |  Address:  |
|  City:  |  State / Zip:  |
| **Address of Each Additional Facility****\*\*(Use additional form,****if needed)** | 1. Name:
 | Address: |
| 1. Name:
 | Address: |
| 1. Name:
 | Address: |
|  **Facility Owner** / **Client Name:**  Address: |
|  **Applicant** *\*\* Required* |  Name:  |  ***CIRCLE ONE:* Owner / Manager / Contractor**  |
|  Cell #: |  Email:  |
|  **Responsible Party \****\* Required* **(Responsible for Monthly Reports and Electrical Installations)** |  Name: |
|  Cell #: |  Email:  |
|  **Financial Responsible Party** **(Facility or Contractor)** |  Facility: |   Name: |
| Contractor: |  Name: |
| **Accounts Payable Processor** **(US Mail Only Statements)** |  Name/Position:  |  P.O / Address: |
|  Phone:  |  Email:  |
|  **Inspection Contact** *\*\* Required* **(Onsite person for inspections)** |  Name:  |  Electrical License #: |
|  Cell #: |  Email: |
| **FACILITY Electrical Signer**  **EE, PS or GS** \*\*Contractors do not sign here\*\* *(if none, enter None)* |  Name: |  Cell: |
|  **Signature:** |  License #: |
| 1. The information below is **REQUIRED** for the Inspector to securely perform his inspections.
 |
|  **Please list all electrical personnel employed.** *(This section does not apply to electrical contractors.)*  |
| Do you have Journeyman Electrician(s) working as an LME? ***(YES or NO)***  |
|  Name:  |  License Type: |  License #:  |
|  Name:  |  License Type: |  License #:  |
|  Name:  |  License Type: |  License #:  |
|  Name:  |  License Type: |  License #:  |
| **Please list name(s) of contractor(s) whose work will be included under the master permit registration.** |
| **Contractor Name:** |   |  **Type of Work:** |
| **Contractor Name:** |  |  **Type of Work:** |

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**Electrical Master Permit Program Facility Registration/Update Page 2**

1. A written agreement (contract) **MUST** be in affect with each Contractor performing work under this Master Permit. Attach a copy of each written agreement with this update form.
2. If your facility consists of more than one building, a simple map of your facility that depicts the locations of all structures, **MUST** be submitted with this form. (You can use the space below to draw a simple diagram of your facility or attach a drawing or map of your facility).
3. Attach a copy of each Electrician’s license with this update (pictures are acceptable as well and multiple licenses on one page is fine).