



Field Issuance Remodel (FIR) Program Registration and Agreement

INTAKE, STAFF USE ONLY

Date received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_

This Agreement:

- 1. Serves as the participant agreement. The participant agreement verifies that the participant has read and understands all provisions of the Program Guide for the Field Issuance Remodel (FIR) Program, administered by the City of Portland – Bureau of Development Services (BDS), and indicates the desire to participate in the FIR Program.
2. Identifies the responsible party. The responsible party is the primary contact person for the City when the participant has more than one project in the FIR program at any given time.
3. Identifies the accounts payable representative. The accounts payable representative is responsible for the receipt and payment of all FIR related billings and fees.

This agreement is effective and in force after completion of required program orientation. I understand that any changes to the information on this agreement, a new Agreement is required to be completed in order to continue participating in the FIR Program.

FIR PARTICIPANT RESPONSIBILITY AND CONTACT INFORMATION:

1. Print Participant Name \_\_\_\_\_ Phone \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_
Business Name \_\_\_\_\_ Contractor CCB # \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Responsible Party Name \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_
Project Manager \_\_\_\_\_ Phone \_\_\_\_\_
Project Manager \_\_\_\_\_ Phone \_\_\_\_\_
Project Manager \_\_\_\_\_ Phone \_\_\_\_\_

3. Accounts Payable Representative \_\_\_\_\_
Billing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

FAX this form to (503) 823-7425 or EMAIL this form to BDSFirPermits@portlandoregon.gov