



## Electrical Master Permit Registration (Update)

<b>Facility Name &amp; Address:</b>	Name:	Address:	
<b>Address of each additional Facility:</b> <i>(Use additional form, if needed)</i>	1. Name:	Address:	
	2. Name:	Address:	
	3. Name:	Address:	
	4. Name:	Address:	
<b>Facility Owner: (If different)</b>	Name:	Address:	
<b>Accounts Payable Rep. (invoice/statement):</b>	Name/Position:	P.O./Address:	
	Phone:	Fax:	Email:
<b>Responsible Party:</b>	Name:	Email:	
	Phone:	Cell:	Fax:
<b>Inspection Contact:</b>	Name:	Email:	
	Phone:	Cell:	Fax:
<b>Electrical Signing Supervisor or Engineer</b>	Name:	Phone:	Cell:
	<b>Signature of Signing Supervisor</b> _____		
<b>What safety gear will the inspector need?</b>			
<b>Comments:</b>			

**Please list all electrical personnel employed.** *(This section does not apply to electrical contractors.)*  
*Attach copies of the individuals' licenses.*

Name:	Type of License:	License #:

**Please list name(s) of contractor(s) whose work will be included under the master permit registration.**  
*(Attach a copy of the contract or letter of agreement, if applicable.)*

<b>Contractor Name:</b>	<b>Type of Work:</b>
<b>Contractor Name:</b>	<b>Type of Work:</b>

Questions: Call 503-823-7304 or email bds@portlandoregon.gov.

Mail the updated form to: **BDS, Electrical Master Permit**  
**1900 SW 4th Ave., Suite 5000**  
**Portland, OR 97201**      OR      FAX the updated form to: **503-823-5434**  
**Attn: Electrical Master Permit**