



Attendance Roster

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater NW, Salem, OR 97310

(503) 378-4133, Fax: (503) 378-4101, TTY: (503) 373-1358

LOCATION OF EXAMINATION

Facility:

Address:

City:

State:

ZIP:

PROCTOR SIGNATURE

Signature: _____ Examination date: _____

Directions: Please **print** clearly. Be sure to indicate your complete address including apartment or space number and zip code.

EXAMINATION TYPE	NAME:		ADDRESS INCLUDING ZIP CODE
	LAST	FIRST	

Please return this form to Building Codes Division.

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