



Oregon

BOARD OF EXAMINERS
FOR ENGINEERING &
LAND SURVEYING

670 Hawthorne Avenue, SE
Suite 220
Salem, Oregon 97301

tel. 503.362.2666
email: osbeels@osbeels.org
Web: www.oregon.gov/osbeels

Office Use Only - Date Received:

Company Questionnaire

Please return the completed questionnaire along with an organizational chart of the business to the OSBEELS office within two weeks of the date of the request. If additional space is needed, please reprint or copy necessary pages.

I. Employer/Company Profile

Business name

Business phone #

Business fax #

Business email address

Business Web site

Business mailing address

City

State

Zip

Type of business

Year established

Hours of operation

Number of employees

II. Main Contact Information

First name

Middle name or initial

Last name

Title

Phone #

Email address

III. List the name(s) of the managers, partners, or officers

First name

Middle name or initial

Last name

First name

Middle name or initial

Last name

First name

Middle name or initial

Last name

First name

Middle name or initial

Last name



IV. Please describe the nature of the services, works, acts, or projects performed by the business.

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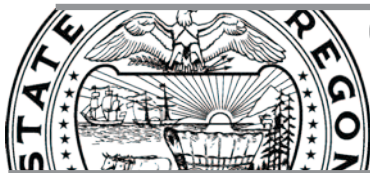
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Does the business offer to provide engineering, land surveying, photogrammetric mapping services and/or activities of a water right examiner? Yes No

If yes, please list below the name(s), certification/registration number(s) of each registered professional engineer, professional land surveyor, professional photogrammetrist, or certified water right examiner and indicate the employment status of each individual below:

First name	Middle name or initial	Last name			
Certification/Registration number(s)	State of certification/registration		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Contract
First name	Middle name or initial	Last name			
Certification/Registration number(s)	State of certification/registration		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Contract
First name	Middle name or initial	Last name			
Certification/Registration number(s)	State of certification/registration		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Contract
First name	Middle name or initial	Last name			
Certification/Registration number(s)	State of certification/registration		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Contract



V. If applicable, please list the additional business locations below:

Business name

Business mailing address

City

State

Zip

Business name

Business mailing address

City

State

Zip

Business name

Business mailing address

City

State

Zip

VI. Questionnaire completed by

First name

Middle name or initial

Last name

Title

I certify to the best of my knowledge that the above information is correct.

Signature

Date (Mo/Day/Yr)