

CERTIFIED MASTER BUILDER™ PROGRAM



PREVIOUS PERMIT VERIFICATION FORM (Form "A")

In each of the **preceding five calendar years**, I have supervised a complete dwelling construction or a whole house dwelling remodel. The following is a list of such dwellings: (all must be within Oregon)

Certified Master Builder Applicant Name _____

Current Employer _____

PERMIT HISTORY INFORMATION

1.

Name on permit application _____

Company on permit application _____

How long you worked for this company _____

General description on daily work performed for this company

Dwelling address _____

Permit issuing agency _____ Permit number _____

Name of primary inspector who would be familiar with this permit

Phone number of person who would be familiar with this permit _____

Permit date _____ Completion date _____

2.

Name on permit application _____

Company on permit application _____

How long you worked for this company _____

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General description on daily work performed for this company

Dwelling address _____

Permit issuing agency _____ Permit number _____

Name of primary inspector who would be familiar with this permit

Phone number of person who would be familiar with this permit _____

Permit date _____ Completion date _____

3.

Name on permit application _____

Company on permit application _____

How long you worked for this company _____

General description on daily work performed for this company

Dwelling address _____

Permit issuing agency _____ Permit number _____

Name of primary inspector who would be familiar with this permit

Phone number of person who would be familiar with this permit _____

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Permit date _____ Completion date _____

4.

Name on permit application _____

Company on permit application _____

How long you worked for this company _____

General description on daily work performed for this company

Dwelling address _____

Permit issuing agency _____ Permit number _____

Name of primary inspector who would be familiar with this permit

Phone number of person who would be familiar with this permit _____

Permit date _____ Completion date _____

5.

Name on permit application _____

Company on permit application _____

How long you worked for this company _____

General description on daily work performed for this company

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Dwelling address _____

Permit issuing agency _____ Permit number _____

Name of primary inspector who would be familiar with this permit

Phone number of person who would be familiar with this permit _____

Permit date _____ Completion date _____

I certify that the above information is true and correct and I authorize the CMB Approval Committee to verify this information.

Signature _____ Date _____