



**Construction Contractors Board
700 Summer Street NE Suite 300
PO Box 14140
Salem OR 97309-5052
503-378-4621**

REPAIR RIDE-ALONG FOR HOME INSPECTOR CERTIFICATION

Name of Home Inspector

OCHI No.

BCD Contractor Name

BCD License No.

Date(s) Accompanied

Number of Hours Spent

Type of Repair

Plumbing Electrical HVAC

Signature of BCD Licensee

Date

(Make additional copies as needed.)