



**CONSTRUCTION  
CONTRACTORS BOARD**  
PO Box 14140  
Salem OR 97309-5052  
503-378-4621  
[www.oregon.gov/ccb](http://www.oregon.gov/ccb)



**ACTIVE LICENSE STATUS REQUEST FORM - \$20 FEE REQUIRED**

Name \_\_\_\_\_  
(Print name of licensed entity) \_\_\_\_\_ CCB License No. \_\_\_\_\_

I am requesting that the above license be converted from inactive status **back to active status**. I understand that the above license must comply with all of the following conditions before my license will be converted back to active status:

1. **Do you have a current, active bond on file with the CCB?**  Yes  No  
If you answered "No" you must enclose an original, signed and sealed bond(s) with this form. The bond(s) must be in the amount required for your chosen endorsement(s).
2. **Do you have a current, valid Certificate of Insurance on file with the CCB?**  Yes  No  
If you answered "No" you must submit a Certificate of Insurance with this form. The Certificate of Insurance must be in the amount required for your chosen endorsement(s).
3. **Are the employer account numbers on file still current and active?**  Yes  No  
If you answered "No" you must supply current employer account numbers if your employer status is non-exempt. In addition, please supply evidence of active workers' compensation coverage.
4. **Are you a commercial contractor with an "exempt" independent contractor license status?**  Yes  No  
If you answered "Yes" you must supply evidence that you have personal election coverage.
5. **Is your business entity and/or name, filed and active at the Oregon Corporation Division?**  Yes  No  
If you answered "No" you must supply evidence that you have an active business registry filing at the Oregon Corporation Division (call 503-986-2200 for assistance).
6. **Are you a residential contractor?**  Yes  No  
If you answered "Yes" you must supply evidence that you have completed the continuing education requirement. (See next page)

By signing below, I certify that I have read the above, and that the licensed entity will comply with each requirement.

Person making request \_\_\_\_\_  
(Please print name of sole proprietor, partner, officer, member or trustee)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Sole proprietor, partner, officer, member or trustee)

Make checks payable to *Construction Contractors Board*. Please allow 7-10 days for processing.

CREDIT CARD PAYMENTS - Credit card-only customers may fax this application to 503-373-2155.		
Billing Name	Billing Address	
Amount of Payment <b>\$20</b>	Card Number	Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Signature of Card Holder _____	Office Use Only Date _____

**RESIDENTIAL CONTINUING EDUCATION DECLARATION**

**Residential Developers are exempt from all continuing education requirements.**

**RESIDENTIAL CONTINUING EDUCATION DECLARATION**

Residential Continuing Education - Courses must be completed by an owner, officer, RMI or employee.

- Residential Contractor licensed for 6 or more years prior to renewal date: Complete sections 1 & 2
- Residential Contractor licensed for less than 6 years prior to renewal date: Complete sections 1, 2 & 3
- Residential Contractor with exemption in section 4: Complete section 4 **only**

**Section 1: CCB Laws, Regulations and Business Practices (3 hours required)**

Hours	Course Name	Education Provider	Student Name	Class Date

**Section 2: Series A Courses (5 hours required)**

Hours	Course Name	Education Provider	Student Name	Class Date

**Section 3: Series A and/or B Courses (8 hours required)**

Hours	Course Name	Education Provider	Student Name	Class Date

**Section 4: OAR 812-021-0021 Exemptions:**

Electricians, plumbers, architects and engineers are exempt from CCB RCE. Please check the box below that applies to your license, and list the name and license number of the appropriate individual.

- Electrical contractors (owner, officer or employee) licensed under ORS 479.630

Name: \_\_\_\_\_ BCD License Number: \_\_\_\_\_

- Plumbing contractors (owner, officer or employee) licensed under ORS 447.010 to 446.156

Name: \_\_\_\_\_ BCD License Number: \_\_\_\_\_

- Architects registered under ORS 671.010 to 671.220 – Must be an owner or officer

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

- Engineers licensed under ORS 672.002 to 672.325 – Must be an owner or officer

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

*For further assistance go to our website at [www.oregon.gov/ccb](http://www.oregon.gov/ccb) or contact our office.*