



CONSTRUCTION CONTRACTORS BOARD
 PO Box 14140
 Salem OR 97309-5052
 503-378-4621
www.oregon.gov/CCB



**REQUEST TO CHANGE
 INDEPENDENT CONTRACTOR LICENSE CLASS**
 (per ORS 701.035 and OAR 812-003-0321)

NAME AND LICENSE NUMBER

 Name (Print name of licensee)

 CCB license number

INDEPENDENT CONTRACTOR LICENSE CLASS CHANGE

I would like to change my class to: Exempt (no employees)

WORKERS COMPENSATION REQUIREMENT FOR EXEMPT COMMERCIAL CONTRACTORS

N/A – Licensee is not a Commercial Contractor

By checking the box below, I certify on behalf of this commercial endorsed licensee that the licensee carries a required workers' compensation insurance policy that includes personal election coverage.

YES - **Personal election insurance:**

Carrier name _____ Policy/Binder number _____

I would like to change my class to: Nonexempt (have employees or are using leased employees)
 - Please complete 1, which is required, and 2 & 3, if applicable.

1. Workers' Compensation insurance (required):

Carrier name _____ Policy/Binder number _____

Call your insurance agent for help with workers compensation coverage. Note: We cannot accept NCCI.

2. Oregon Business Identification number (BIN): [call 503-378-4988] _____

3. Federal Employer Identification number (EIN): [call 1-800-829-4933] _____

Questions on how to fill out the Combined Employer's Registration form for the BIN number should be directed to the Oregon Dept. of Revenue at **503-945-8091** option 2. After applying, you will be notified by mail of the assigned BIN number. When you receive the BIN number, please write it in the space provided below.

SIGNATURE

 Your Name (Print name of sole proprietor, partner, LLC member or corporate officer)

(_____) _____
 Phone number

 Signature (Required)

 Date (Required)

THERE IS NO FEE TO CHANGE YOUR INDEPENDENT CONTRACTOR LICENSE CLASS.