**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 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. **Is your business name filed and active at the Oregon Corporation Division?**  
   - Yes  
   - No  
   - N/A  
   If you answered “No” you must supply evidence that you have an active business registry filing at the Oregon Corporation Division. You may call 503-986-2200 for assistance.

4. **Are the employer account numbers on file still current and active?**  
   - Yes  
   - No  
   - N/A  
   If you answered “No” you must supply current employer account numbers if your employer status is non-exempt. In addition, you must supply evidence of active workers’ compensation coverage.

5. **Did you renew in the inactive status at your last renewal?**  
   - Yes  
   - No  
   If you answered “Yes” you must meet the continuing education requirements before your license can be reactivated as defined on page 2. If you are exempt from these requirements, please check the appropriate boxes on page 2.

6. **Are you a commercial contractor with an “exempt” employer status?**  
   - Yes  
   - No  
   If you answered “Yes” you must supply evidence that you have obtained personal election workers’ compensation coverage.

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

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

Signature ____________________________________________________________  
(Sole proprietor, partner, officer, member or trustee)  
Date __________________________

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.

<table>
<thead>
<tr>
<th>Amount of Payment</th>
<th>Card Number</th>
<th>CVV Number</th>
<th>Expiration Date</th>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20</td>
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<tr>
<td>□ Visa</td>
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<td>□ Discover</td>
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</tbody>
</table>

Signature of Card Holder __________________________  
Date __________________________
## CONTINUING EDUCATION COMPLETION CONFIRMATION

Residential CE courses must be completed by an owner, officer, RMI or employee.

Commercial CE courses must be completed by an owner, officer, RMI or key employee.

### CHECK ONE OF THESE OPTIONS:

- [ ] RESIDENTIAL contractor licensed for 6 or more years prior to renewal date – 8 hours required.
- [ ] RESIDENTIAL contractor licensed for less than 6 years prior to renewal date – 16 hours required.
- [ ] RESIDENTIAL contractor with exemption listed below. (Check appropriate box below.)
- [ ] COMMERCIAL contractor – Completed appropriate number of required hours based on number of key employees.
- [ ] COMMERCIAL contractor with exemption listed below. (Check appropriate box below.)

### Exemptions per OAR 812-020-0070 and OAR 812-022-0021:

Please check the box below that applies to your license, and list the individual’s name and license or certification number.

- [ ] Developer - Residential or Commercial
- [ ] Electrical contractors (owner, officer or employee) licensed under ORS 479.510 to 479.945
  - Name: BCD License Number:
- [ ] Plumbing contractors (owner, officer or employee) licensed under ORS 447.400 and chapter 693
  - Name: BCD License Number:
- [ ] Architects registered under ORS 671.010 to 671.020 – 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:
- [ ] Boiler contractors licensed under ORS 480.510 to 480.670
  - Name: BCD License Number:
- [ ] Elevator contractors licensed under ORS 479.510 to 479.945
  - Name: BCD License Number:
- [ ] Limited sign contractors licensed under ORS 479.510 to 479.945
  - Name: BCD License Number:
- [ ] Pump installation contractors licensed under ORS 479.510 to 479.945
  - Name: BCD license Number:
- [ ] Renewable energy contractors licensed under ORS 479.510 to 479.945 – Must be an owner or officer
  - Name: BCD License Number:
- [ ] Landscape contractors licensed under ORS 671.510 to 671.760
  - Name: LCB License Number:
- [ ] Home inspectors (owner, officer or employee) certified under ORS 701.350 (Residential only)
  - Name: OCHI Number:
- [ ] Master Builders certified under ORS 455.810 (Residential only)
  - Name: Certification Number: