



Oregon Landscape Contractors Board
2111 Front St NE; Ste 2-101
Salem, OR 97301
503-967-6291
503-967-6298 fax
www.lcb.state.or.us

Owner/Managing Employee Examination Application

COURSE INFORMATION

HAVE YOU COMPLETED THE REQUIRED 16 HOUR COURSE FROM AN APPROVED PROVIDER?

- YES Please submit certificate of course completion with this application.
 NO Stop. You must complete required course before you can apply.

APPLICANT INFORMATION

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHYSICAL ADDRESS (IF DIFFERENT)

CITY STATE ZIP COUNTY

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PHONE NUMBER MOBILE PHONE NUMBER

SIGNATURE & FEE

APPLICATION FEE \$60

- I have enclosed a check or money order for \$60. Please make payable to the Landscape Contractors Board.
 I am paying the \$60 application fee by credit card.

__ Visa __ Mastercard __ Discover

CREDIT CARD NUMBER

EXP DATE

CSC#

I certify that the answers to all questions on this application are true and complete to the best of my knowledge.

SIGNATURE

DATE